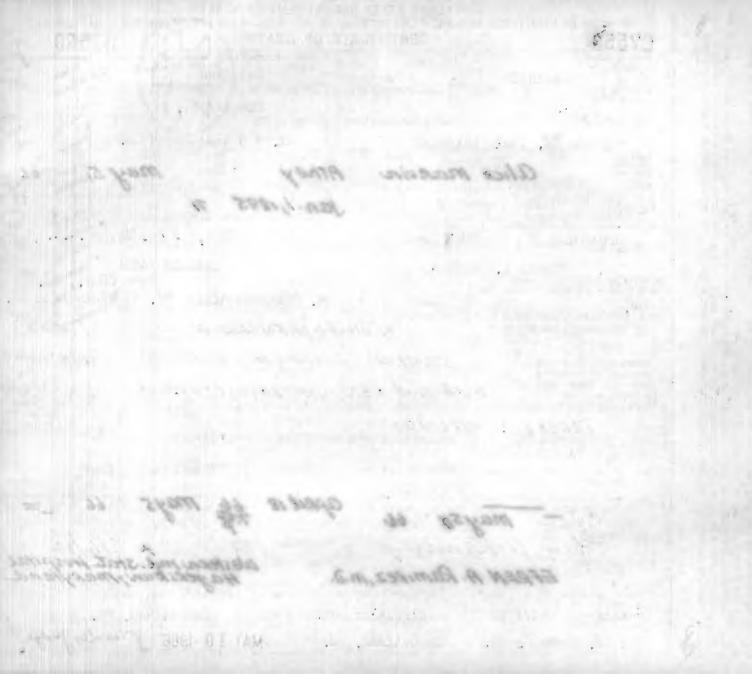
2	1 18		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	=0/5	1	07558 CERTIFICATE OF DEATH
24 hours after death	funeral and 2	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss
e e	ter ter	1	Washington Maryland Allegany
40	by the faces 1 are after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
- Jours	S. P. Lin		Hagerstown 3 years Cumberland 0/. 2
24	physician.  I signed by the attending physician and completely filled in by burial-transit permit. Then please remove carbon papers. Pagburial, cremation, or removal, and in any event, within 72 hours		ON A FARM
within	ely on p		3. NAME OF First Middle last 14 DATE Month Day Year
\$	carb nt, v		(Type or print) EVA P AMICK DEATH MAY 5 1966
executed	ove /	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 I last birthday) Months Days Hours M
exec	and rem	E	Temale   White   WIDOWED X   DIVORCED     Sept. 29.1897   68 yrs.
(a)	ase nd ir	đ	during most of working life, even if retired) INDUSTRY COUNTRY?
	al al	-	Housewife Ellerslie, Maryland USAA  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USAA
Ę.	Then Then mov		Perry Lowery Mary Logsdon
e p	it. or re		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)
death certificate	e at perm lon,	=	No 215-01-5481 Miss Francis Amick, Cumberland, Md.
	y th Isit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEAT  ONSET AND DEAT  ONSET AND DEAT
hat	cian led to trat l, cre		22/V
S. S.	sign uria uria		conditions, If any, which ) OENERALIZED ARTERIOSCLEROSIS WAKNOW
inba	ding physbeen sig the buris		gave rise to immediate cause (a), stating the DUE TO
The law requires that the	attending physician.  has been signed been as the burial-tran h prior to burial, cre	-	underlying cause last. ) (c)
2	or at	ATIO	PERFORMED
E Z	tal c tifica for For		CHICEBEAU THREM 130515 AND PLASETIS MELITUS YES NO 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18.)
ICIA	cerrited of the other	8	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN:	by the hospital or ter this certificate be detached for us tate Dept. of Healt	100	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, officebldg., etc.)  P.m. 19   At work   A
28	by fter be State	15	
ATTENDING	R: A		21. I certify that (I) (this-hospital) attended the deceased from 8 - 2 4 - , 1963, to 5 - 5 - , 1966, that (I) (we)
TA	ccro S sh with	П	saw the deceased glive on 5 4 1966, and that death occurred at 1 M, from the causes and on the date stated about 22a. SIGNATURE 1 22b. DATE SIGNED
5	OIR OUR led		Frew Ch. Karney, M.D. ATTENDING DIRECTOR DIRECTOR PHYS. # 5/5/66
TAI	RAL r, pe	1	22c. PHYSICIAN'S EFREN A LAMIREZ MADERESS ADDRESS AND LANGUE HAROLING 15
TOS TO	Page 4 may be retained by the hospital or attent TO FUNERAL OIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior	-	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
2	유 <b>교</b> 등 등 등 등	1	REMOVAL (Specify)
			24. FUNERAL DIRECTOR / ADDRESS   258. REC'D BY RECISTRAR   256. REGISTRAR'S SICNATURE
	R A15 (4)	1	Hawap J. Leegler. Hyndman, Pa. MAY 9 1966 Johnstey Judge
20	DM 1/65	10	

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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Washington Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) À hours Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital R#3 NO X executed within etely 3. NAME DF DECEASED Middle Last 4. DATE Month Year DF DEATH comple ve car Baker (Type or print) Margaret 18 Маш 19 5. SEX 6. COLOR OR RACE ACE (In years | FUNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min OATE OF BIRTH 7. MARRIED NEVER MARRIEO Oays WIDOWED X DIVORCED [ Oct. 3.1895 physician a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Own Home USA Housewite Franklin Co.Penna. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova he attending permit. Then Harry Riedel Susan Morganthall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Phyllis Harshman R # 3 Hagerstown, Md. cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH á PART I. OEATH WAS CAUSED BY: Uremia 2 weeks IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO nephrosclerosis Vr 5 Cenditions, If any, which peen gave rise to Immediate 計ま **OUE TO** stating the generalized arteriosclerosis yrs underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) WAS AUTOPSY his certificate I tached for use Dept, of Health for use Health PERFORMED? Diabetes mellitus, hypertension: obesity NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) None this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Not While After none p.m. at work none 63 18 Jan 1966 21. I certify that (I) (this hospital) attended the deceased fromto . that (I) (we) last DIRECTOR: age 3 should led with the 17 66 19 and that death occurred at AM M. from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. DATE SICNED page ATTENDING PHYS. STAFF PHYS. MED. 5-18-66 M.O. **OIRECTOR** PHYSICIAN'S TO FUNERAL ADORESS director, p NAME (Type) Potomac Street Harold R. Tritch, Jr Hagerstown, Md BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Rest Haven Cemetery Haaerstown VR A15 (4)

STATE DEPARTMENT OF HEALTH

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	1.	PLACE OF DEATH	E OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution: F	07552 Residence before admission)
		a. COUNTY WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WA	SHINGTON
7		b. CITY DR TOWN (if outside corporate limits, write RIIRAL and sive nearest town)  C. LENGTH OF STAY IN 1b  ACCEPTED WIN 15	c. CITY DR TOWN (If putside corporate limits, write RURAL HAGERSTOWN	21-1
	V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  VASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 916 KUHN AVE.	e. IS RESIDENCE ON A FARM? YES ND
	3.	NAME OF First Middle DECEASED (Type or print) MARY LUCILLE	BARNES DEATH MAY	Day Year 6 19 66
		SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years I FUNDER lagt dirthday) Months yrs.	Days Hours Min.
	dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  HOUSEWIFE  FATHER'S NAME	ILLINOIS	TIZEN OF WHAT
		FINTON MIDDLEKAUFF	14. MOTHER'S MAIDEN NAME  LAURA ORRICK	
	15. (Ye	was deceased ever in U.S. armed FDrces? 16. Social Security No. 17. (If yes give war or dates of service) 214-16-0213 MR	INFORMANT AMAGERS  A NORMAN O. BARMES M	
CERTIFICATION		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TD  Conditions, If any, which  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (d)	gall bladder :	INTERVAL BETWEEN ONSET AND DEATH
	ICATION	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO 🔀
		20a. ACCIDENT WAS UNDERLYING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED, (Enter nature of injury in Part i or Part II of item 18	.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PL   Hour a.m.   While   Not While   at work   at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
I		21. I certify that (I) (this hospital) attended the deceased from 1 saw the deceased alive on 16 1 5 19 66, and the	at death occurred at 2 M, from the causes and on t	
1		22a. SIGNATURE  Silvacio in Disto III. M.D.  22c. PHYSICIAN'S NAME (Type)  Edward W. Ditto, III. M.D.	D. PHYS. MED. STAFF DIRECTOR PHYS. 5-	erstown, Mc
	23a.	BURIA (Specify) 5/9/66 BEAVER CRE		COUNTY MI

TOTAL TOTAL DE LOS . In the one of the state of th SECTION STATES TO SECTION OF THE SEC THE STATE OF THE PROPERTY OF T MALINE ARTHUR ARTHUR Parcialogs return 217年1年-0273 日、小道以上 (120年1年15) The second second The state of the s MAR 12 Just 8" COM JAMES !!

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Hours Hagerstown 42 yes Hagerstown 5 bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Alexander St. 233 Alexander NOK YES within etely completely we carbon 3. NAME OF Middle Last Month DATE Year DECEASED event, 1 Daniel. Barnhart John 19 66 (Type or print) DEATH Mau 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Bud Male Aug. 31.1885 WIDOWED DIVORCED [ 10a. USUAL DCCUPATION (Give kind of work done ! Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRYS Williamsport, Md. Concrete Mason pertificate removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Harvey Barnhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Hagerstown, Md. permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) 233 Alexander St. Mrs. Fannie Barnhart CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Of Stomach vear burial-ti burial, DUE TO Conditions, if any, which (b) Arteriosclerotic Vascular Disease, Severe vears gave rise to immediate 中中 **DUE TO** cause (a), stating the prior underlying cause last. TIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO L YES I PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED (State) 20f. (City or town) (County) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page STAFF DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) director should W. Ditto. Hagerstown. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Rest Haven Cemetery Surial Haaexstown 24. FUNERAL DIRECTOR Y 2 0 1966 250 REGISTRAR'S DIGNATURE VR A15 (4) Truneral Chapel Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funeral and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Prince George Maryland on papers. Pages 1 within 72 hours after Washington MARYLAND b. CITY DR TOWN-(if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Ξ Adelphi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? Western Maryland State Hospital 2401 Cool Spring Road ND 🔂 YES death certificate be executed within completely pou NAME DE Middle DATE Last Day Year DECEASED George 1966 Henry. (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Male White WIDOWED [ DIVORCED SC 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ling physicial Then please emoval, and INDUSTRY U.S.A. Montgomery Co., Md. Retired Cook Restaurant 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Nellie Dixon has been signed by the attending as the burial-transit permit. The prior to burial, cremation, or rem William T. Barrett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4703 25th St. (Yes, no, or unknwn) (If yes give war or dates of service) Lester A. Barrett Mt. Rainier. Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DISET AND DEATH DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate has the street of the street of the setting of the set WAS AUTDPSY PERFORMED V YES NO IV 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work the S 1966 to 5-14 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 103 m, from the causes and on the date stated above. saw the deceased alive on ulous M.D. PHYS. DIRECTOR Мау D FUNERAL director, pa should be fil D HOSPITAL PHYSICIAN'S ADDRESS 22d. NAME (Type) N) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 5/17/66 Colmar Manor, Md. Lincoln Burial 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md. 1/65



<b>1</b> 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 50 H	C7564 CERTIFICATE OF DEATH 07555
funeral and 2 and 2	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
24 hours after death filled in by the funera apers. Pages 1 and 72 hours after death	MARYLAND Penna. Frankin
The and the second seco	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  ASERSTOWN  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hot hot ers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
	GARLOCK MEM. CONV. HOSPITAL STATE. LINE, 14. YES A NO
The law requires that the death certificate be executed within 24 hour or attending physician. Safe has been signed by the attending physician and completely filled in r use as the burial-transit permit. Then please semaye carbon papers, leafth prior to burial, cremation, or removal, a train any event, within 72 hours.	3. NAME DF BECEASED (Type or print) J. ALEN BINKLEY OF DEATH MAY 27 1966
comp re ca	5. SEX   6. COLOR OR RACE   7. MARRIED   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
and cor	Male. White widowed Divorced 3/10/1888 18 yrs. Months Days Hours Min.
ej ej ej	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ohysici	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ertific	John H. Kinkley Margie Barnhart
edeath certificathe attending platement. Then attending attending platement.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (Ifyes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT)
dea the a per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Ires that the death certifica physician. I signed by the attending ph burial-transit permit. Then burial, cremation, or remova	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) practile central metastases  ONSET AND DEATH
that ysicie gned ial-tr ial, o	DUE TO A
phres phres properties of the phres	Conditions, if any, which gave rise to immediate (b)
CGAN: The law requires that the ospital or attending physician. Certificate has been signed by hed for use as the burial-transit. of Health prior to burial, crem.	cause (a), stating the DUE TO underlying cause last. (c) Concurous of Arretate years
r atto r atto te ha ise a ith pu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?  YES NO 20. ACCIDENT WAS UNDERLYING   20b. DISCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
N: The tal of ta	YES NO Z  20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)
cerl cerl ched pt. of	
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by 38 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, crea	Description of the control of the co
JING d by Affer 1 be	
ATTENDIN retained k crons. Affi s should b with the St	21. I certify that (I) (this hospital) attended the deceased from 1963, 19, to 19, that (I) (we) last saw the deceased alive on 1965, and that death occurred at 1968, from the causes and on the date stated above.
R AT RECT RECT S 3 S S S S S S S S S S S S S S S S S	22a. SIGNATURE 22b. DATE SIGNED
AL On Dage Page 1 files	22c, PHYSICIAN'S NAME (Type)  M.D. PHYS. DIRECTOR PHYS.
O HOSPITAL Page 4 may O FUNERAL I director, pag should be file	
TO HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Dep	23a, BURIAL CREMATION, 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 23d/LOCATION (City, town or county) (State)
	24. FUNERAL-DIRECTOR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Clarke Judge
2011 7 07	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07565 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death id campletely filled in by the funeral mave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) PLACE OF DEATH b county shins ton o. COUNTY Washington Maryland MARYLAND von papers. Pages I within 72 haurs after b. CITY OR TOWN (If outside corporate . mits, write RURAL and give nearest town)
Hagers town CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 Davs Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 116 Fairground Ave. Washington County Hospital YES NO 3 NAME OF DECEASED (Type or print) Middle 4. DATE First Lost Month Doy Bertha Effie Bitner 13.1966 DEATH IF UNDER 24 HRS SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED X **NEVER MARRIED** 10st b rthdoy) 58 yrs. Female Whi te Apr. 29,1908 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or fareign country 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even if retired) COUNTRY? Berwick, Columbia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME No Record Aaron Bechtel 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Ave (Yes, no, or unknown) (If was give war or dates of service) Mr. Rev J. Bitner. 116 Fairground 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b).
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate cause (a), **DUE TO** stating the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 200 ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port 1! of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o.m. factory, street, office oldg , etc.) Not While 1966, that (I) (we) last 5/66 , 19 21. I certify that (1) (this haspital) attended the deceased fram\_ 19 6 C, and that death accurred at 4.45 PM, from causes and on the date stated above saw the deceased alive an 5 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. MED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S aGP. rs/own NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, Burial 5/16/ Cegar Hill Cemetery Greencastle **ADDRESS** 2So. RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 fhan Funeral Hone.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY MARYLAND WASHINGTON MARYLAND WASHINGTON b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HANCOCK HAGERŠTOWN 19 DAYS ond completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL METHODIST AVENUE YES NO X 3 NAME OF Firs1 Middle DATE lost Month Dov DECEASED RHODA ELIZABETH event BIVENS 19 66 (Type or print) DEATH MAY IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** Jast b rthdoy) Months Dovs 28/1890 FEMALE WHITE WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) the ottending physicion or ssit permit. Then please manation, or removal, ond in **COUNTRY?** during most of working life, even if retired) INDUSTRY WASHINGTON, MARYLAND U.S.A. HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES A. WELLER JANE MYERS IS WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT METHODIST AVENUE (Yes, no, or unknown) (if yes give wor or dates of service) HANCOCK. 213-24-8480 CLARENCE H. BIVENS MARYLAND NO burial, cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p **QNSET AND DEATH** Linitus plastica IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse as the prior to l O FUNERAL DIRECTOR: After this certificate has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Fibrosis liver: coronary thrombosis, possibly terminal NO the hospitol or jo 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) Hour a.m. foctory, street, office bldg., etc.) of work of work 2]. I certify that (I) (this hospital) attended the deceased from April 18 19<u>75</u>, that (I) (We) last be retained should saw the deceased alive on and that death accurred at £:000M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS TOO NAME (Type) William T. Layman, H.D. director, should b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (Stote) REMOVAL (Specify) HAGERSTOWN, WASH. CEDAR LAWN MEMORE 24. FÜNERAL DIRECTOR 25b REGISTRAR S SIGNATUR VR A15 (4) 20 M 1/66



	DIVISION OF STATISTIC	MARYLAND STATE DE AL RESEARCH AND RECORDS	PARTMENT OF HEALTH	RAITIMODE 1 MADVI AND
11	07567	CERTIFICAT		09022
deat		Items 3,4-1311	USUAL RESIDENCE Where deceased	lived, If institution: Residence before admission
5	a. COUNTY	AAADVI AAD	a. STATE Maryl nd	b. county washing ton
-	b. CITY OR TOWN (if outside corporat write RURAL and give nearest tow			te limits, write RURAL end give nearest town)
	Handar and give nearest town	3 we-ks	Hager town	
-	d. NAME OF HOSPITAL OR INSTITUTIO	N (If not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
۱	Withi Jon Com	y Hospital	31 E. Washingt	on St. YES NO [
6.0	NAME OF Isaac Fin	st Middle	Last 4. DATE OF	Month May Oay Year
	(Type or print) \( \textit{T} \forall \textit{T} \textit{T}		D ] PEATH	JULY 31/4 1966
100	SEX 6. COLOR OR RACE	V. WARRIED   HEARY MINNESTED	8. OATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS to birthday)   Months   Oays   Hours   Min.
١.	inle   Jaita	WIDDWED DIVORCED	<u> 1965. 25-1-93   63</u>	yrs. 3 3
	Da. USUAL OCCUPATION (Give kind of work our ling most of working life, even if retired	i) industry	11. BIRTHPLACE (County & State, or fo	oreign country) 12. CITIZEN OF WHAT COUNTRY?
_	Silor	Merciant Laria	ob Maryland	UA
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
_		nmhermer	Ida Gruber	Address
0	5. WAS OECEASED EVER IN U.S. ARMED FO res, no, or unkown) (If yes give war or dates of	RCES? 16. SOCIAL SECURITYNO. 17. (Service) 232 36 6898 -	INFORMANT 31 3. Vac	i Address St.
-	170 1		c. Tuisy .iller	Ti or foun id.
	18. CAUSE OF DEATH (Enter only one	Al .	*	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	(a) huntrafalle	isported p	
П	5 of // OUE	10 7	5 Marian	A makey
L	Conditions, If any, which gave rise to Immediate	(b) / winnery	Compression	Glart
	cause (a), stating the OUE			
1	PART II. OTHER SIGNIFICANT CONDITIO	(c) NS CONTRIBUTING TO OEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEASE CONDITIE	DNGIVEN IN PART 1(a) 19. WAS AUTOPSY
OCDATION	Car Address	1, + 3/1/	Lace He Kakes	PERFORMED?
131	20a. ACCIDENT WAS UNDERLYING	20b. OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of injury in Part I	( Deta
95	20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	TH LER)	• • • • • • • • • • • • • • • • • • • •	
		Year ! 20d INIURY OCCURRED 120e PLA	CE DF INJURY (Home, farm, 20f. (City	or town) (County) (State)
icolos.	Hour a.m.	While Not While factor at work at work	ry, street, office bldg., etc.)	11-6- 77
1=		ital) attended the deceased from	1 me 25 19 65 to	1441, 1966, that (1) (we) las
	saw the deceased alive on lay	3 4 4 1 19 4 and the		the causes and on the date stated above
	22a. SIGNATURE	/ - / · · ·		22b. OATE SIGNED
	, 6100	Brand M.t		STAFF PHYS.
	22c. PHYSICIAN'S NAME (Type) Edson	B. Hoory L.D.	1 22d. AODRESS	
	Trump (1)kol D(. P.O.I.)			ryland
2	BURIAL, CREMATION, 23b. OATE 1 REMOVAL (Specify)	HEREOF 23c. NAME OF CEMETERY	Tomotomy	ION (City, town or county) (State)
1-	Tari l June	ADDRESS	, MITIT	R 256. REGISTRAR'S SIGNATURE
	4. FUNERAL DIRECTOR		ZDA. KEU'U BT KEGISIKA	n 200. Reusinan 3 Similature
1	Albert L. Leaf	Millia sport Md.	90N 6 1966	garles Jul



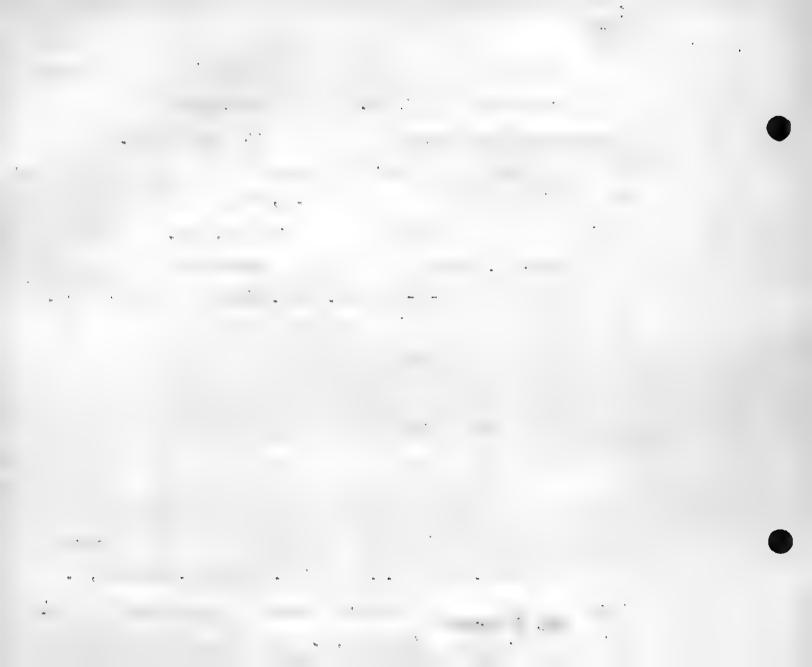
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07568 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and nation, at remaval, graftinginy event, witillin 72 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Washington Maryland Wash. MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corparate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside corporate mits, Hager stown years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 601 Maryland Ave. 601 Maryland Ave. NO F 3 NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED CALVIN BOWERS JOHN 18 19 66 May DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED TO NEVER MARRIED Manths ast birthday) Days Hours 6/27/94 male white DIVORCED WIDOWED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) railroad **COUNTRY?** Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William H. Bowers Ida M Andrews WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 717-07-9275 Anna B. Bowers Hagerstown, Md. no INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. burial-tronsit Arteriosclerotic heart disease with DUE TO Congestive failure Conditions, if only, which gave rise to immediate cause (a), DUE TO os the stating the underlying couse Page 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? of Health p NO Diabetes mellitus 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (I) (this hospital) attended the deceased from June 15 19 64 10 May 18 19 50 hot (11 (we) lost director, page 3 should should be filed with the sow the deceosed olive on May 17 19 66, and that deoth occurred of M, from couses and on the date stated above. 22b. DATE SIGNED 22o, SIGNATURE STAFF 5/18/66 M.D. DIRECTOR 148 West Washington Street 22c. PHYSICIAN'S Kneisley, M.D. NAME (Type) Hagerstown. Maryland 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) BURIAL, CREMATION (State) bremoval (Specify) 5/20/66 Rose Hill Cemetery Hagerstown, Md. 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME HAGERSTOWN. MD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07569 law requires that the death certificate be executed within 24 hours after death death the attending physician and completely filled in by the funeral sit permit. Then please regassecarban papers. Pages I and 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE shin :ten MARYLAND b CITY OR TOWN (If autside corporate limits, r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) arban papers. Pac nt;within 72 haurs 3 Weeks Hamerstown e. IS RESIDENCE ON A FARMS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Jefferson nahington Street County YES NO IN 4 DATE 3. NAME OF Midd e Marth First cast Day Year DECEASED OF GYPUS (Type or print) DEATH F UNDER 24 HRS AGE ( n years IF UNDER 1 YEAR S. SEX DATE OF BIRTH 6 COLOR OR RACE 7 MAPPIED A NEVER MARRIED lost birthday) Months Hours Days "hi te WIDOWED DIVORCED \*\* \*I C 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) INDIISTRY COUNTRY? andi Lotor Ex ress Wolfsville. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry L. Er maentur. Louis, C. Grossnichle 17. INFORMANT 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates af service Brandencura 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BYburial-transit IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if ony, which gave rise to immediate cause (a), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The Tow response 4 may be retained by the haspital or attending as the priar to t stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur o.m. Not While at wark 1966, that OY (we) last 21. I certify that (1) (this hospital) attended the deceased from 1150 3 shauld and that death accurred at 1.54.55M. from causes and an the date stated above. saw the deceased alive an 2 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. M.D. PHYS director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23g. BURIAL, CREMATION REMOVAL (Specify) Haven Cemetery BY PEGISTRAR 2So. 24 FUNERAL DIRECTOR VR A15 (41)% Coffman Ha , erstown, 20 M 1/66

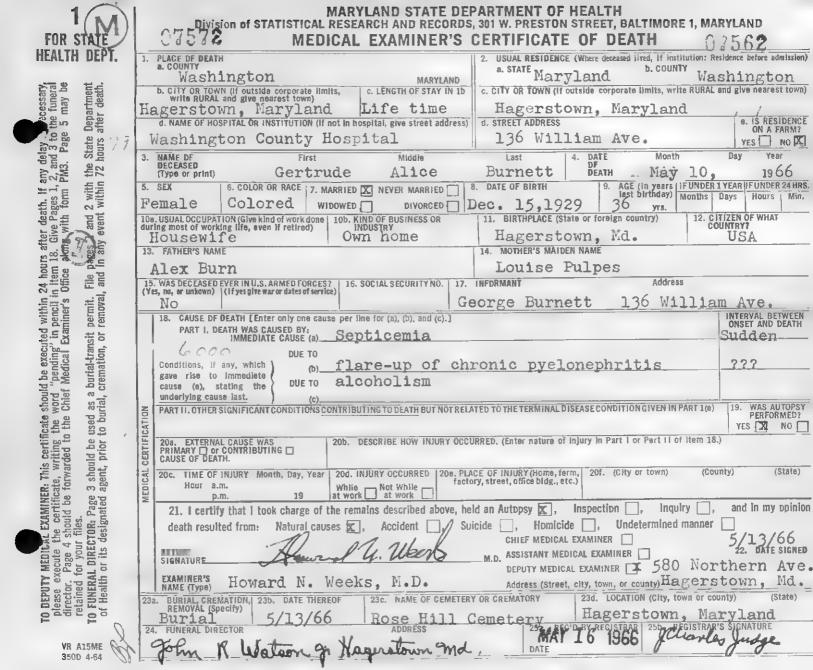


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A CONTRACTOR OF THE PARTY OF TH	E TO LE		C7571)	CERTIFICAT			77580
	after death, the funeral ges 1 and after deafm.	1.	a. COUNTY Washington	MARYLAND	O STATE AN	E (Where deceased lived, If Institutery Land b. COUNTY	ion: Residence before admission) Washington
	s aff		<ul> <li>D. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH DF STAY IN 1b		outside corporate limits, write F	URAL and give nearest town)
	hour S. F. hou	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	48 yes	d. STREET ADDRESS	gerstown	e. IS RESIDENCE
	within 24 hours Jetely filled in by arbon papers. Pa		Washington County Ho			6 Garlinger Ave.	ON A FARM?
	thin with with	3.	NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year
	Carbie		(Type or print) Lester	Jacob	Britcher	DEATH May	26 19 66
	requires that the death certificate be executed within 24 hours after ding physician.  been signed by the attending physician and completely filled in by the ithe burial transit permit. Then please remove carbon papers. Pages 1 in to burial, cremation, or removal, and in any event, within 72 hours after in the burial, cremation.	5.	SEX 6. COLOR OR RACE 7. MARRIED WIDDWED WIDDWED	NEVER MARRIED	Dec. 12, 189	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS. iths   Days   Hours   Min.
	be ex	10. du	a. USUAL OCCUPATION (Give kind of work done   10b. K ring most of working life, even if retired)	IND OF BUSINESS OR		unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ate hysic plea	13	Police FATHER'S NAME	Municipal	Gettysbi	ura Penna	USA
	tiffica nova	'`	<b>A1 A 44 A</b> .	. l			
	requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and is	15	Charles M. Brite 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.		INFORMANT PART	na Keith Address b	agerstown(1).
	atte	(1	is, no, or unkown) (If yet give war or dates of service)  Les 21	9-20-0462 Mrs	Ruby S. Bri	tcher 316 Garli	nger Ave.
	the date		18. CAUSE OF DEATH [ Enter only one cause per ji			1 /-	INTERVAL BETWEEN ONSET AND DEATH
	at the lan. d by d by crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Martalia (and	nuska dr.	the ferre	8 mer.
	law requires that tatending physician. I has been signed be as the burial-tran horior to burial, ore		DUE TO	Acion and 10	Ed Com		
	ulre g ph en s en s bus o bu		Conditions, If any, which gave rise to immediate (b)	inpay ou	- of lacur	onea ungraver	
	ndin ndin be the ior t		cause (a), stating the DUE TO underlying cause last. (c)				
	atten atten e has se as ch pric	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	(1(a) 19. WAS AUTOPSY PERFORMED?
	The 1 or icate icate or us	FICAT	acritic faself	reigney			YES ND
	ING PHYSICIAN: The law requi by the hospital or attending lifer this certificate has been be detached for use as the State Dept. of Health prior to	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. I DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of ite	m 18.)
	he h	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IJ	NURY OCCURRED   20e. PLAG	CE OF INJURY (Home, fai	rm, 20f. (City or town)	(County) (State)
	d by t After d be d d be d	MEO	Hour a.m. White p.m. 19 at work	THOU WILLIE F	13, street, office blug., et	0.)	
	ATTENOII retained CTOR: A should with the S		21. I certify that (I) (this hospital) attended		- 77		19.66, that (I) (we) last
	ATTENO retained ECTOR: A 3 should with the		saw the deceased alive on May	924 19 64, and that	death occurred at		Dn The date stated above.
	DIRE Be 3		Elevel Haver	oly M.D	ATTENDING NO.	RED. STAFF DIRECTOR PHYS.	5/28/66
	TAL may MAL y pa		22c. PHYSICIAN'S NAME (Type)	/	22d. ADDRESS		
	OSP JNEF JNEF Uld t	_	(ason 5,1100			pect St. Hagerst	
	TO HOSPITAL OR ATTENDII Page 4 may be retained TO FUNERAL OIRECTOR: Af director, page 3 should should be filed with the 9	23	REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	44.4
	2	24	Burial 5/29/66 FUNERAL DIRECTOR	Rest Haven	Cemetery 25a, REC		TRAR'S SIGNATURE
	VR A15 (4)		Rest Haven Juneral Chapel		44.4	1 1000 001	10 1. 125
	20M 1/65	1	Total Line Strate Clarific	- I way cook with	WAY	1-1300	and Indian



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07571 **CERTIFICATE OF DEATH** Reg. Dist. No. 3756 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) Filed : o. COUNTY b. COUNTY MARYLAND 35 h Maryland b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) daerstown 29 erstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE ON A FARM? Washin YES NO TE NAME OF Middle 4, DATE Year DECEASED OF DEATH (Type or print) mau 1966 5. SEX MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. lost birthday) Manthal Days WIDOWED [ 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Manulan 13. FATHER'S NAME ARMED FORCEST 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY NEW BOKK IMMEDIATE CAUSE (a) **DUE TO** VERAtualu Canditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS CERTIFICATION PERFORMED? YES I NO IX 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.1 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) MEDIC/ (County) (Stole) factory, street, office bldg , etc.) Hour o.m. While Not while p. m. of work of work 21. I certify that I attended the deceased from ...that I last saw the deceased \_\_\_\_, and that death accurred at  $\frac{2}{3}$ 17. M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S O FUNERAL 0 6 N NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (Stole) -1966Rose Hill Cemeterv Hagerstown Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V5 A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07573 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and nation, ar remaval, and in any event, within 72 haurs after death PLACE OF DEATH o. COUNTY Washington ishington MARYLAND b CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Williamsport 5 Yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 109 Williams circle Williams Circle YES NO TO NAME OF Middle Last 4 DATE DECEASED PALNCHE BYERS LAURA DEATH ALLLY 25 1966 19 (Type or print) 9. AGE (In years last birthday) IF LNDFR 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED Months Days Hours March Fel.\_1e WIDOWED X DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRYS during most of working life, even if refired)
HOUSEWITE INDUSTRY Own Home Shepherdstown 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rebecca Lallov Tilliam H. Byers 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) 3-40-7002 Lrs Ruth Ristle 109 williams Circle lliamsport INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line (a), (b) and (c) PART I, DEATH WAS CAUSED BY burial-transit ONSET/AND DEATH IMMEDIATE CAUSE (o) O FUNERAL DIRECTOR: After this certificate has been signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(a) shauld be detached far use with the State Dept. of Health p MEDICAL CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda, etc.) Not While at work 3 should be 21. I certify that II) [this haspital] attended the deceased fram. 1905, that (I) (we) last and that death accurred at, say the deceased alive of-26.57M, fram causes and an the date stated above. 2200 SIGNATURE 226. DATE SIGNED ATTENDING STAFF PHYS Leuros DIRECTOR M.D director, page 22d. ADDRESS PHYSICIAN'S NAME Type) 159 Philip J. Hirshman M.D. W. Washington St. Hagerstown Md. 23d LOCATION TOPY OF TOWN IN 23c. NAME OF CEMETERY OR CREMATORY C(County) 230 BURIAL CREMATION, 23b DATE THEREOF (State) REMOVAL (Specify) Shepherdstown myood Cenetery 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Coffman Euneral Home Inc



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07576 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH  a. CDUNTY  ASTATE  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  a. STATE  Penna.  MARYLAND
cessary, funeral e 5 may be Department after death.	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town)
reia nd 3 Page 5 State Der hours afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  as bington County Upspital  327 Parnett Ave.  327 Parnett Ave.  YES No 2
ny de M3.	3. NAME DF FIRST Middle Last 4. DATE Month Day Year DECEASED (Type or print) PICHARD CIARK OF BIRTH 19. ACE (In years   [FUNDER 1 YEAR] IF UNDER 14 HRS.
death. If an Pages 1, 2	fale Dite WIDOWED DIVORCED 1/5/1050 15 lest birthdey) Months Days Hours Min.
after Given ong Many ev	10e. USUAL OCCUPATION (Give kind of work done unity)  10b. Kind of Business OR lindustry  11. Birthplace (State or foreign country)  Waynesboro, Penna.  13. FATHER'S NAME  14. MDTHER'S MAIDEN NAME
	Vilbur R. Clark Inez Cool  15. WAS DECEASED EVERINUS, ARMED FORCES?   16. SDCIAL SECURITY ND. 17. INFORMANT Address Penns
within 2 pencil in miner's 0 permit. I	(Yes, no, or smkown) (If yes give war or dates of service) 1/1_1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
cuted vig." in p	PART I. DEATH WAS CAUSED BY:  3 2 3 4 IMMEDIATE CAUSE (e)  DUE TD  DNSET AND DEATH
EXAMINER: This certificate should be executed within 24 hou certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files.  TOR: Page 3 should be used as a burial-transit permit. File plesignated agent, prior to burial, cremation, or removal, and it	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO ACUTE SUB-DURAL HEMATOMA. HEMOTHORAX.
ficate shoul the word o the Chiei used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
certification that to the fed to the use prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  PINNED IN CARTHAT SWERVED FROM RD STRIKING TREE
R: This certificate, writing forwarded to 3 should be agent, prior	CAUSE OF DEATH.  PINNED IN CARTHAT SWERVED FROM RD, STRIKING TREE  20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  6:30 p.m. 5/28/ 19 66 at work North N
EXAMINET Certifica 4 should be ir files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X., Inquiry ., and in my opinion death resulted from: Natural causes ., Accident X., Suicide ., Homicide ., Undetermined manner .
ME Recu Recu Page 4 sh for your fil L DIRECTO or its des	CHIEF MEDICAL EXAMINER   ACTUAL  ACTUA
TO DEPUTY ME CONTROL C	EXAMINER'S NAME (Type) DR. E. W. DITTO, JR DEPUTY MEDICAL EXAMINER X 5/29/66 Address (Street, city, town, or county)
TO DEPUTY please endirector. retained of Health	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State)  REMOVAL (Specify) Tune 1, 1066 Peen "ill Cemetery Asymethors Ponca."  24. FUNERAL DIRECTOR ADDRESS 125a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A!5ME (5) 5M 1/65	24. FUNERAL DIRECTOR ADDRESS 256. REGISTRAR 256. REGISTRAR'S SIGNATURE 11 N 2 1966 Charles Judge

" 1" ILLI'I. " Ju

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and deat PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Washington Maryland Washinaton MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 Write RURAL and give nearest town dagerstown 50 yrs Hagerstown E bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 531 N. Mulberry St. 531 N.Mulberry NO X YES within etely carbon 3. NAME OF Middle DATE Month Last 4. Dav Year DECEASED event, Robert Oliver Comple DEATH (Type or print) Condon Mau 19 66 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED last birthday) Months I ала January 31, 1901 Male WIDOWED [ DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be INDUSTRY COUNTRY? Parts Adams Co. Penna.

14. MOTHER'S MAIDEN NAME USA Owner 13. FATHER'S NAME William Condon Nora Sease 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hagerstown 6 (Yes, no, or unkown) ((If yes give war or dates of service) cremation, Mrs-R-O-Condon 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to immediate 事品 DUE TO cause (a), stating underlying cause last. FICATION WAS AUTOPSY PARTH, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 19. PERFORMED? YES T NO 20a. ACCIDENT WAS HNDERLYING TI OR CONTRIBUTING D'CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) CERT 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital)\_attended the deceased from DIRECTOR: AM. from the causes and on the date stated above. saw the deceased alive on and that death occurred at SIGNATURE 22b. DATE SIGNED 22a. page STAFF ATTENDING DIRECTOR HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p NAME TYPE HARD TO BINFORD. D. 1135 POTOMAC AVENUE HAG. Mo. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) DATE THEREOF 23d. BURIAL, CREMATION, 23b. 0 REMOVAL (Specify) Rest Haven Cemetery Kaaerstown ADDRESS REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Haaerstown Md. DATE 20M 1/65

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21 (N	4	DIVISION OF STATISTICAL RESEARCH AND REC	E DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
= =0	1	07577 CERTIFI	CATE OF DEATH	2/567
after death." the funeral ges 1 and 2 after death.		1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, II	
after ( the fu		WASHINGTON MARY		WASHINGTON
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		write RURAL and give nearest town)
로 . 트 . 모		HAGERSTOWN 5 DAYS	HAGERSTOWN	, la graphior
24 ho filled papers in 72 h	ار	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a		6. IS RESIDENCE ON A FARM?
ithin 24 P stely filled bon paper: within 72	1	WASHINGTON COUNTY HOSPITAL	24 HIGH STREET	YES NO X
completely to ye carbon p		3. NAME OF First Middle DECEASED	Last 4. DATE Moi DF DEATH MAY	oth Day Year 5 19 66
nted wi comple ve cark event,		(Type or print) ELLA MAE  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED		rs   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Months   Days   Hours   Min.
executed and com		FEMALE WHITE WIDOWED DIVORCE		Months Days Hours Min.
	1	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  INDUSTRY		try) 12. CITIZEN OF WHAT COUNTRY?
cate be c physician n lease	7 [	HOMEMAKER If retired OWN HOME	FRANKLIN CO., PENNA.	U.S.A.
plys	-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
certifica ling pl Then   removal		JOSEPH TOSTON	UNKNOWN	
he dmath certific thim attending p if permit. Then nallion, or remov		15. WAS DECEASED EVER IN U.S. ARMED FDRC ES? 16. SDCIAL SECURITY NO (Yes, no. or unknown) (If yes give war or dates of service)		MARYLAND
latt	-	(Yes, no, or unkown) (Ifyes give war or dates of service) 215-20-9520		SALEM AVE.
the death certificate be by the attenting physician noit permit. Then lease emainn, or removal, anti-		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), fold (c) PART I. DEATH WAS CAUSED BY:	Brothers It Sura	INTERVAL BETWEEN ONSEL AND DEATH
at I lian.	- 1	IMMEDIATE CAUSE (a)	William CKINONY.	- roay
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath of Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burind, cremalion, or		Conditions, If any, which	Despite al devol	VW Careda
g pi		gave rise to immediate	7	
ndin ndin s be ior 1		cause (a), stating the underlying cause last.	. (	
atte hase as		PART II. DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT	IDTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The 1 cate cate cate cate cate	27	PART II. DYNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO CAUSE OF CAUSE OF CONTRIBUTING TO CAUSE OF CAU	10/08/08/1/3	YES NO
Pita Priff of H		20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED. (Enter nature of injury in Part I or Part I	of Item 18.)
PHYSICIAN the hospita this certification detached f			20e. PLACE OF INJURY (Home, farm,   20f. (City or town)	(County) (State)
te de transfer de		Hour a.m. While — Not While —	factory, street, office bldg., etc.)	(active)
OR ATTENDING be retained by BIREGIOR: After gg 3 should be ed with the Stat			10// 10/5	that (I) (we) last
aine aine 1983.		21. I certify that (I) (this hospital) attended the deceased f	and that death occurred at M. M, from the cause	es and on the date stated above.
ATT ATT With with		22a. SIGNATURE	7.70.2	22b. DATE SIGNED
y be age age lifed		Waynay AN	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	□   <u>5/6/1966</u>
RAL RAL ir, p	7	22c. PHYSICIAN'S NAME (Type) TO D. T. ADDT 7 ADAT. M. D.	22d. ADDRESS  2 NORTH AVE. HAGERST	POWN MARYLAND
HOSPITAL age 4 may FUNERAL rector, pa	<i>'</i>	E.R. LARDIZABAL M.D.  23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF C	EMETERY OR CREMATORY   23d. LOCATION (City.	
<b>5 2 2 4</b> €	1	- PEMOVAL (Specify)	ILLE CEMETERY WASHINGTO	
·	n	24 FUNERAL DIRECTOR ADDRESS		REGISTRAR'S SIGNATURE
VR AI5 (4)	1/2	Charles Manger HAGERSTOWN, 1	MARYLAND MAY 9 1966 80	harles Judge
20M 1/65	3			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 2 death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. CDUNTY after and completely filled in by the remove carbon papers. Pages 1 any event, within 72 hours after Washington Maryland Washington
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours Hagerstown Hagerstawn STREET ADDRESS d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) 6. IS RESIDENCE ON A FARM? Washington No I executed within NAME DE First Last DATE Year DECEASED OF DEATH (Type or print) Charles Corwell 19 5. SEX 6. COLDR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months Days Hours Mala WIDOWED DIVORCED .886 White .6 2 Dec 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 9 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN DF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) ( O FUNERAL DIRECTOR: After this certificate has been signed by the attending thrys is director, page 3 should be detached for use as the burial-transit purmit. Then piezse should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Retired
13. FATHER'S NAME Farmer Farming Buchanan Vall MOTHER'S MAIDEN NAME Annie Elizebeth Charles McClay Con death (Yes, no, or unknown) (If yes pive war or dates of service) 216-38-2311 Mrs Anna B. Corwell Hagerstown CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DISSELAND DEATH Cerebral Thrombosus with right hemiplegia PART I. DEATH WAS CAUSED BY: o Hospital or attending PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a). Cerebral arteriosclerosis unknown Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the Arteriosclerosis, generalized unknown underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? None YES 20a. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED (206. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work Well-on Stu May 99 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. OO saw the deceased alive on and that death occurred all 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. X MED. May 08, 1966 M.D. PHYSICIAN'S Clear Spring, Maryland 21722 NAME (Type) Archie Robert Cohen, M.D., BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREDA 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) 2 Washington Co. Md. Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Clear Spring, VR A15 (4) DATE 15M 4-64



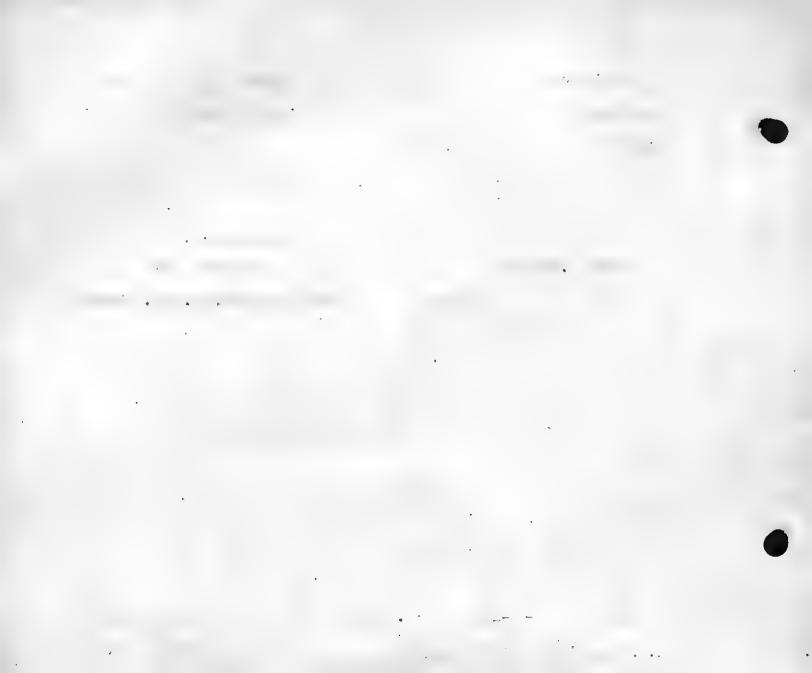
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07578 CERTIFICATE OF DEATH executed within 24 hours after death funeral 1 and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a COUNTY n STATE b. COUNTY Washington Washington MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give pearest town) c LENGTH OF STAY IN 16 c (ITY OR FOWN (If outside carparate limits, write RURAL and give negrest tawn) ely filled in by the bon papers. Page within 72 hours a 4250 Kageratown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Western Maryland State Hospital 413 Mitchell Ave. NO P 3 NAME OF pou iast Year DECEASED OF Sky CROUSE maya 196 corl Type or print DEATH S. SEX 9. AGE (In years DATE OF BIRTH NEVER MARRIED last birthday) Hours Male White DIVORCED an. 11,1914 WIDOWED 52 remi 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT-ZEN OF WHAT please during most of working life, even if retired) COLDIRY? physician Franklin Co. Penna Dealer 13. FATHER'S NAME the attending phy: or remaya Charles Adam Crouse Lelia Grace Bock WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. requires that the death Md (Yes, na, ar unknawn) (If yes give war ar dates af service Mrs. Meda Cronse 413 Mitchell Ave Hagerstown 214-09-4141 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p DAISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Esophageal varices Conditions, if ony, which gave DUE TO cirphosis of liver InknowN rise to immediate cause (a), DUE TO stating the underlying cause has been the lost 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 🔽 this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 18) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) factory, street, office bldq, etc.) Hour a.m. at wark O FUNERAL DIRECTOR: After 2]. I certify that (1) (this hospital) attended the deceased fram may 19 1966, ta/100 29, 1966, that (1) (we) last be retained saw the deceased alive an may 29, 1966, and that death accurred and SAM, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) directar, shauld b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o, BURIAL CREMATION REMOVAL (Specify) Washington Md. Rest Haven Cemetery 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 Guneral Chapel Rest Haven Hagerstown Md



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 37569 within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) illed in by the funera papers. Pages Land q. COUNTY Washington a STATE MARYLAND Marvland Washington hin 72 hours aft c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest town) Yrs. Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 549 Frederick St. Frederick St. NO X YES T 3 NAME OF First Middle 4. DATE Lost Year DECEASED 66 McClain May 22, burial, crematian, ar remaval, and in any event, (Type or print) Flovd Davis 19 DEATH requires that the death certificate be executed S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. / MARRIED T NEVER MARRIED the attending physician and com sit permit. Then please remove 72 yrs. Months 2 Hours White WIDOWED Male DIVORCED March 14, 1894 10a USUA, OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Aircraft Downsville, Md. U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cyrus Davis Emiley Shipley (Yes, no, or unknown) (If yes give wor or dotes of service) 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hagerstown, Md. 220-18-035 Mrs. Lillie Davis 549 Frederick St. 1B. CAUSE OF DEATH (Enter only one couse per lin INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause рееп prior to ! as the last. 19. WAS AUTOPS hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO Page 4 may be retained by the haspitol ar O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. Not While ot work 21. I certify that (I) (this haspital) attended the deceased from I with 2->-19(a)(that (I) (we) last director, page 3 shauld shauld be filed with the 19 66, and that death occurred at A. M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE **ATTENDING** M.D. 22c. PHYSICIAN S NAME (Type) 5/D/ 23a. BURIAL, CREMAT ON 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BENOYAL (Specify) 5- 25- 66 Benevola Cemetery Benevola Wash. Co. Md. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro Md



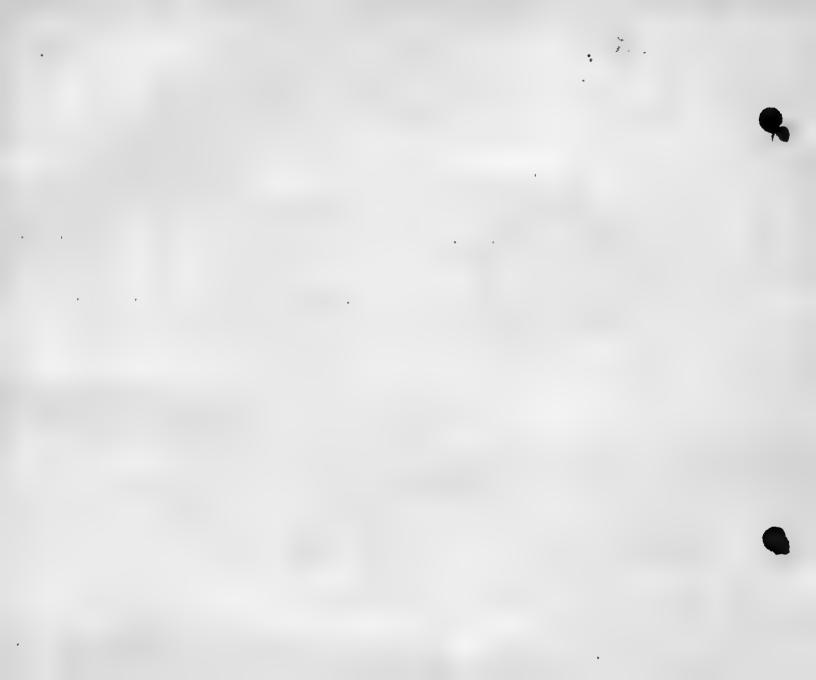
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where depeased lived, 1) institution; Residence before admission) b. COUNTY a. STATE Washington Marvland Howard MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours write RURAL and give nearest town) Poplar Springs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ACCRESS e. IS RESIDENCE ON A FARM? 24 Western Maryland State Hospital YES NO etely executed within 3. NAME OF DATE First Middle Last 4. Month Day DECEASED event, comple Sa (Type or print) DEATH SEX DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR 6. COLOR ON RACE FUNDER 24 HRS поуе 7. MARRIED NEVER MARRIEO 8. tast birthday) Months Days Hours and WIOOWED [ DIVORCED [ E 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY physician n please r val, and in Ξ 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? leath cert late be None Poplar Swrings . M. remova!, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Andrew N. Bo Lauder Kerr Margaret 16. SOCIAL SECURITYNO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Edward De Lauder, Rt. 4 Mt. Airy, Md Nano 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY or attending physician. IMMEDIATE CAUSE (a) been sign∎u the burial-tr for to burial, ( DUE TO Conditions, If any, which (b) rise to Immediate DUE TO cause (a), stating the underlying cause last. 8 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGATING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) detached f Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ter ATTENDING at work at work p.m. o. 21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the saw the deceased alive on and that death occurred at 7 M, from the causes and on the date stated above. 22b. DATE SICNATURE 22a. page ATTENDING M.O. PHYS DIRECTOR PHYS. may KOMPITAL FUNEMAL PHYSICIAN'S 22d. **ADDRESS** director, p should be NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 5.2 Poplar Springs 5-30-7.966 St. Wichaels Purriel 24. FUNERAL DIRECTOR ADORESS VR A15 (4) .C. Miginbothow, Elligott City, Me 20M 1/65



TO HOSPITAL A SITENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after of eath. Page 4 r. retained by the hospital or attending physician.

> TO FUNERAL D. LTOR: After this certificate has been signed by the attending physician and completely in the formula of the following strong page 3 should be detached for use as the burial-transit permit. Then please remover arbon papers. Pages 1 and 2 should be filed with the State Dept. of Haalth miles to burial, cremation, merenoval, and in any weart, within 72 hours after death.

1	DIVISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
	07581	CERTIFICATE OF DEATH	<b>りょうりょ</b>
	1. PLACE OF DEATH a. COUNTY WASHINGTON  b. CHY OR TOWN (Touts de corporate limits, write RURAL and give necrest town)  1.5 t "N d. NAME OF HOSP TAL OR INSTITUTION (if not in hos Friendshi"nr I'ul	c. LENGTH OF STAY IN TO C. CITY OR TOWN (If outside corporate lim  7. Yours  28 Glensiue Ave:	its, write RURAL end give neerest lown)  10. IS RESIDENCE
	I done district most of supplies of No. 1991 21 and 1991	V 37	n yeers IF UNDER 1 YEAR IF UNDER 24 HRS. thdey] Months Deys Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY?
	15. WAS DECEASED EVER IN J. S., ARMED FORCES?  (Yes, no, or unknown) [lifyesgivewerordelesofservice]!  18. CAUSE OF DEATH [Enter only one cause ptr.]  PART I, DEATH WAS CAUSED BY.  (MMEDIATE CAUSE (e)   Cond.lions, if eny, which gave rise to immediate cause (a), stelling the underlying cause leat.  PART II. OTHER SIGNIFICANT CONDITIONS CON	Address 776 E. h. St, INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDY YES NO	
,	20c. TIME OF INJURY Month, Dey, Yeer While the work of the saw the deceased alive on. While the work of the saw the deceased alive on. While the work of the saw the deceased alive on. While the work of the wore	ded the deceased from 1965 to Months of the deceased from 1965 to Months of the death occurred at 1.0 M, from the company of the deceased from 1965 to Months of the deceased	(County) (Siete)  (Siete)  (Siete)  (Siete)  (Siete)  (We) last causes and on the date stated above.  22b. DATE SIGNED
	REMOVAL (Specify)  24 FUNERAL DIRECTOR'S SIGNATURE  I nar 3" K. Collin h	Cor us Christi Cenetery Chances  ADDRESS  arst 77. Level 13 DMAY 16 1966	ershur, Founklin



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07582 law requires that the death certificate be executed within 24 hours after death. death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on PLACE OF DEATH a. COUNTY ening . n shington MARYIAND ve carban papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town! Route 6 B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 1101 Fructus Avenue Maus ans Avenue NO Z NAME OF Middle 4 DATE DECEASED DEATH 19 IF UNDER 24 HRS. 9. AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED ".ite 30.1089 Fertie 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) U.S.A. Ft. Louran, FRANKlin Co 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, ar remaval, Lary Heinbruch J hn Keyser 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates of service Planns Avenue Lester E. Drawer 1101 None Hate stown, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY acc/us/ou IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (o) DUE TO stating the underlying cause 10 FUNERAL DIRECTER: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? Lack variant where - 1-e NO Z 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20g ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Haur o.m Nat While 21. I certify that (1) (this hospital) attended the deceased fram Nov 19 1963 to 104 30 . 1964 that (1) (we) last Man 18 1966, and that death accurred at 600 M, from causes and on the date stated above. saw the deceased alive an\_ 220. STGNATURE 22b DATE SIGNED M.D DIRECTOR 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Edward W. Ditto III. M.D. 217 W. Washington St. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION, REMOVAL (Specify) lest H. Ten Colletery 25b REGISTRAR'S SIGNATURE ADDRESS 2Sq REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) H as, Inc. 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remave carbon papers. Pages 1 and PLACE OF DEATH a. COUNTY shington o. SHALE ruland b. COUNTY oon papers. Pages 1 within 72 haurs after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) H.gerstown 125 -Pret d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM2 ". Fr.n lin NAME OF First Middle Lost 4. DATE Month Year DECEASED (Type or print) 66 DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE **NEVER MARRIED** DATE OF BIRTH 7. MARRIED last birthday) Months Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & State, or fareign country) 106. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done burial, cremation, or removal, and in Retired COUNTRY? during most of working life, even if retired) attending physician or mermit. Then please James, "abil. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth aid leadurf Just F. hrnev IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address burial-transit permit. (Yes, pa, or unknown) ((If yes give wor or dates of service) Pavilis Fulfnay INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for ONSET, AND, DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if only, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause use as the l TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INTO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES detached far u te Dept, af Heal 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While 19 at work at wark 21. 1 certify that (i) (this haspital) attended the deceased from and that death accurred at 10(1). M, from couses and an the date stated above. saw the deceased alive an\_ 220. SIGNATURE 22b DATE SIGNED **ATTENDING** MED DIRECTOR M D PHYS director, page 3 should be filed 22d. ADORESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Yown) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL CREMATION -REMOYAL (Specify) Haven Cametery 2So REC'O BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2Sb VR A15 (4) ( 20 M 1/66 uneral 1966

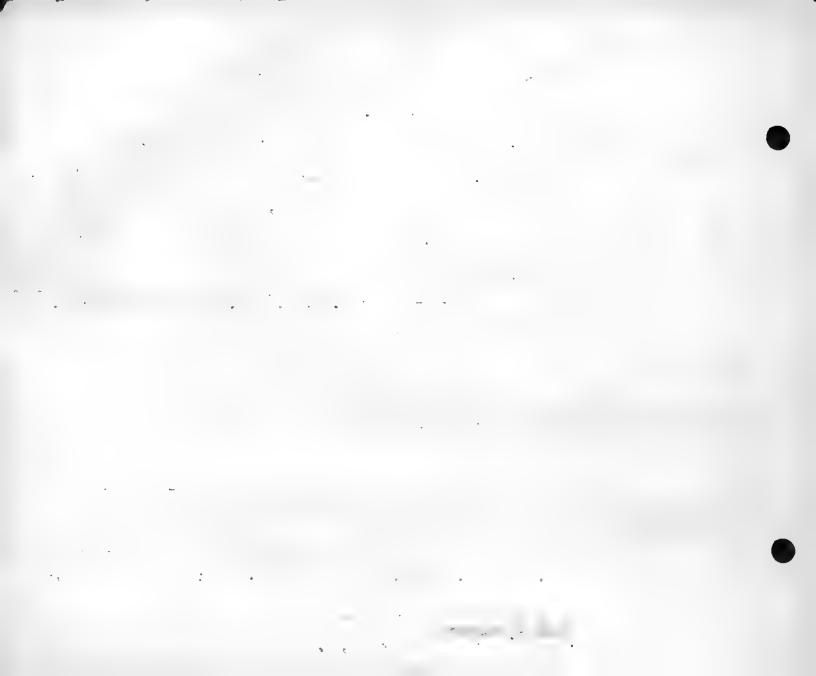


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 67584 **CERTIFICATE OF DEATH** Reg. Dist. No. 37574 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY **L COUNTY** MARYLAND Washington Pennsvlvania b. CITY OR TOWN III autside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negres! tawn) Hagerstown 15 hrs. Harrisonville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Washington County Hospital KXXXXXXXXXXX YES NO Middle 4. DATE Month Year DECEASED (Type or print) Fetterhoff DEATH Bessie Mae 19 66 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days Haurs Female WIDOWED [7] DIVORCED | 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY Irrversible shock IMMEDIATE CAUSE (a) 36 hrs **DUE TO** Canditians, if any, which Acute gastrointestinal hemorrhages gave rise to immediate DUF TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? Arterioclerotic heart disease; petastatic carcinoma, liver YES NO TH 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg , etc.) Haur a.m. While Not while ot work at work p. m. . 19 66, to May 17 19 66, that I last saw the deceased 21. I certify that I attended the deceased from... , and that death occurred at 8:10A M, from the causes and on the date stated above. alive on ADDRESS (Street, city or lawn, state) **DATE SIGNED** ACTUAL 1229 Ravenwood Hgts., Hagerstown, SIGNATURE PHYSICIAN'S JOhn H. Kehne. NAME (Type) 220. BURIAL, CREMATION, 225 DATE THEREOI 22c NAME OF CEMETERY OR CREMATORY 23/ FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b, REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57





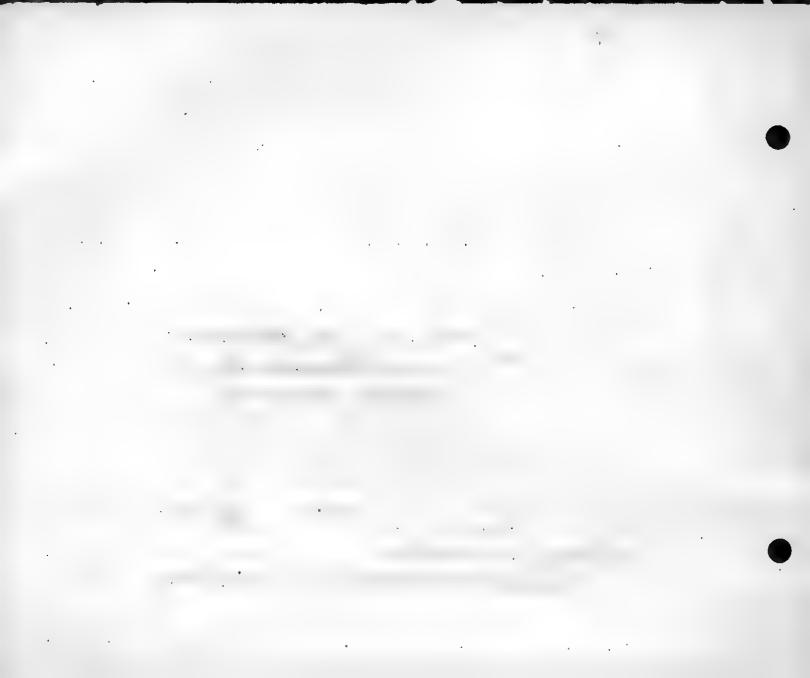
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Washington a. STATE Maryland Washington MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b 25 yes Hagerstown Hagerstown 드 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Washington County Hospital 1105 Beechwood Drive YES NO X completely 3. NAME OF Middle Lest DATE Day DECEASED DE Ман Rou DEATH 19 66 (Type or print) Hanagan 10 AGE (In years | IFUNOER 1 YEAR | FUNDER 24 HRS. | Last birthday) | Months | Deys | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED K | NEVER MARRIED 8. OATE OF BIRTH апр April 8. 1899 Male WIDOWED [ DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) INDUSTRY Metal Heat Treating Aircraft West Virginia USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа attending phermit. Then Sterling Price Flanagan Emma Wyatt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Hagerstown Md. 5 (Yes, no, or unkown) (If yes give war or dates of service) 1105 Beechwood Dr. Mrs. Erma I. Flanagan 705-10-7074 the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction or attending physician. 4201 DUE TO Coronary artery disease Cenditions, If any, which been gave rise to immediate the DUE TO cause (a), stating the Arteriosclerotic heart disease prior underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT Cirrhosis of liver; Pulmonary emphysema NO X ō 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) none MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After none 19 at work et work 21. I certify that (I) (this hospital) attended the deceased from Feb 13 63 May 10 19 66, that (i) (we) last to\_ DIRECTOR: 1966 Feb 9'66 and that death occurred at PM M, from the causes and on the date stated above. saw the deceased alive on. 3 showith 22b. DATE SIGNED 22a, SIGNATURE page ; MED. DIRECTOR ATTENDING 5-11-66 Harolak N PHYS. M.D. Page 4 may director, pay O HOSPITAL PHYSICIAN'S 22d. **ADDRESS** 22c. NAME (Type) Dr. Harold R. Tritch, Jr Potomac St Hager stown . Md 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Rest Haven Cemetery Surial 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR est Haven Juneral Hagerstown Md. 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH . DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 33306 CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Washington Co. Geo s MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Seat Pleasant . Maryland Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Western Maryland State Hospital 403- 64th Avenue within NO YES etely death certificate be executed within NAME OF First Middle DATE Month Year DECEASED lexander Fowler (Type or print) DEATH mary 19 DATE OF BIRTH AGE (In years | IF WIDER 1 YEAR IF UNDER 24 HRS last birthday) Months Oavs Mala White WIDOWEDAX OIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if reticed) road Electric Co. COUNTRY? Haryland 1138 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Street S.E. (Yes, no, or unkown) ((If yes give war or dates of service) Mrs. Mae Roberts. Washin ton.DC. 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET, AND DEATH, PART I. DEATH WAS CAUSEO BY: CERTORIOS CLEROFIC HEART DISEASE UNEMWN the hospital or attending physician, Jins state of the burian the burian, the burian is the burian than the bur referiosierosis, general Cenditions. If any, which gave rise to Immediate **DUE TO** cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT in old terebral thrombosis YES [ NO NO <u>5</u> 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from May 17, 1966, that (i) (we) last 19.66, and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on Ma 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENOING M.D. TO HOSPITAL Page 4 may FUNERAL PHYSICIAN'S 22d. AOORESS NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Suitland, Maryland Cedar Hill Cemetery 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUMERAL DIRECTOR ADDRESS Rd. SE. Wash. DC

Pis to B. Pamas.

4	CERTIFICATE OF DEATH	ARYLAND
1	1. PLACE DE DEATH a. COUNTY WARYLAND MARYLAND  1. PLACE DE DEATH a. COUNTY MARYLAND MARYLAND MARYLAND MARYLAND	sidence before admissio
	b. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside corporate limits, write RURAL or stay in 1b c. CITY OR TOWN (if outside co	and give nearest town
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  UPSery Road  Nursery Road	e. IS RESIDENCE ON A FARM? YES NO
	B. NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) 1174 TOTAL DEATH V	Day Year
	widowed Divorced June 11, 1070 87 vis.	Days Hours Min
ľ	. ichinist W. Id. R. A. Chancersburg Pa. U.	UNTRY?
	3. FATHER'S NAME  John Frey  Lary Turkholder	
(	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	,
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UTURE (a) LINEAR DISEASE.	INTERVAL BETWEET ONSET AND DEATH
	Conditions, If any, which (b) Cerebrul throwboars due to	
2	cause (a), stating the underlying cause last.	
PEDTIFICATION	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
- 1		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)    Hour a.m.	(State)
	21. I certify that (I) (this hospital) attended the deceased from Truy 5, 1966 to Truy 15, 1966 saw the deceased alive on Truy 6, and that death occurred at 1/2 AM, from the causes and on the	e date stated abov
	M.D. ATTENDING DIRECTOR DIPHYS. 5	TE SIGNED
1	NAME (TYPE) SIDNEY NOVENSTE, OF FUNKSTONN M	<u>D</u> .
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coursely) 11. 7 10-00 Code 1 Crematory 23d. LOCATION (City, town or coursely) 25d. REC'D BY REGISTRAR 25b. REG	v •
	MAY 18 1966 Achierles	Quedak



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY b. CDUNTY Washington a. STATE Mashington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural. Smithsburg agerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled re carbon papers. event, within 72 h d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital YES ND X executed within NAME DE First Middie Last 4. DATE Month Day Year DECEASED Luther (Type or print) Lloyd Gardenhour DEATH Lav 19 66 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. any WIDOWED | DIVORCED [ Male 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT CDUNTRY? 11. BIRTHPLACE (County & State, or foreign country) death certificate be Waynesboro Pa. U.S.A. Liquor Store Liquor Store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther Gardenhour Susan Stouffer 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit. 16. SDCIAL SECURITY NO. Address (Yes, no, or unknwn) 1 (If yes give war or dates of service) Smithsburg ..d 173-03<del>-</del>31/18 Mrs. Lloyd Gardenhour. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ] PHYSICIAN: The law requires that the -transit PART I. DEATH WAS CAUSED BY: Coronary Thrombosis attending physician. IMMEDIATE CAUSE (a) been signed the burial-trant or to burial, c DUE TO Conditions, if any, which gave rise to immediate DUE TD cause (a), stating the as th underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? the hospital or NO K 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (i) (this pospital) attended the deceased from 9:55P should 66 that (I) (We) last 3 should with the M. from the causes and on the date stated above. saw the deceased towardat above and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE **6**8 6/3/66 DIR page ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. ADDRESS O HOSPITAL FUNERAL director, p PHYSICIAN'S NAME (Type) Amarillo Main S t: Sharpsburg. 23d. LDCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY REMOVAL (Specify) Burial ADDRESS REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR Waynesboro Pa. VR A15 (4) 20M 1/65



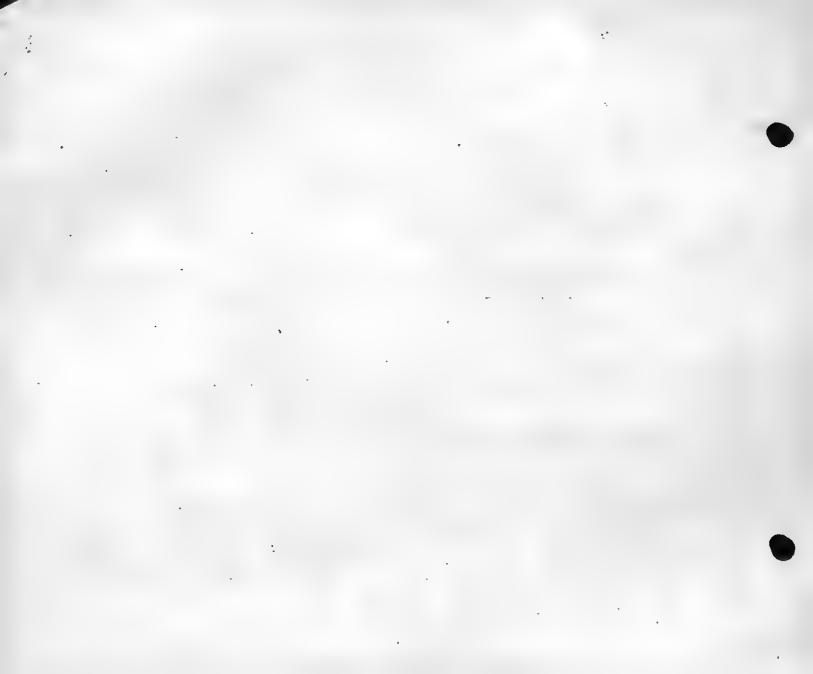
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. COLINTY b. COUNTY Washington Md. Washington MARYLAND by th b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown 16 Hrs. Smithsburg d NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital YES NO North Main 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH George Henry Gardner 1956 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthday) male white WIDOWED [ DIVORCED T Jan. 10a. USUAL OCCUPATION IGIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Reas.&Tavern Owner Smithsburg 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George V Gardner EmmaFlorence Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give were relates of service) Luther L Gardner Smithsburg 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BĚTWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Ruptured abdominal aortic aneurysm IMMEDIATE CAUSE (e) 6 ma. DUE TO Arteriosclerotic cardiovascular disease 10 vrs. Conditions, if env. which geve rise to immediate couse **DUE TO** le), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11611 19. WAS AUTOPSY CERTIFICATION PERFORMED? Marked rheumatoid arthritis, generalized. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Dev. Yeer 20e PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (State) fectory, street, office bldg., etc.) While Not While et work et work on that death occurred at P. M. from the causes and on the date stated above saw the deceased alive on..... 22b. DATE 22ª SIGNATURE SIGNED DIRECTOR 5-16-66 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles F. Hess. M.D. Smithsburg, Maryland 21783 director, 236 BURIAL, CREMATION, | 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) (Stote) Smithsburg Mausoleum Smithsburg ADDRESS 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) Minnich Funeral Home Smithsburg Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Jashington Pr. Geo. MARYLAND Larvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) weeks .5 Hagerstown Cheverly filled in papers. d. Name OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Western Md. State Hosp. Cheverl No IX e × death certificate be executed within bon NAME DE DATE Middle Last 4. Month Day Year DF DEATH DECEASED (Type or print) mac. RISONI 196/ AGE (In years) FUNDER I YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH **NEVER MARRIED** last birthday) Months Days Hours Mala White WIDOWED [ DIVORCED [ 56 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT physician in please ral, and in 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? alesman Lustine-Nicholsbn Macon. 13. FATHER'S NAME removal, MOTHER'S MAINEN NAME James D. Garrison Rosa Lee Elrod 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no, or unknwn) (If we nive war or dates of service) Mrs.Georgia L. Garrison above INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH transi PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. been signed the burial-transcript to burial, cri DUE TO ral thrombosis Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for us Healt heart disease YES T NO 🗷 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) of o (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1966 to 1110429 ъ 21. I certify that (I) (this inspital) attended the deceased from saw the deceased alive on mac and that death occurred at 6/49 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED þ DIRECTOR Page 4 may O HOSPITAL FUNERAL 22d. ADDRESS **PHYSICIAN'S** director, p NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY Colman . Mr. e TO Mass Cometer Guria Rainier 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR levia Ho.10 VR AI5 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission) a. CDUNTY a. STATE PENNSYLVANTA b. COUNTY WASHINGTON FRANKLIN MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š bon papers. Pag within 72 hours .≘ HAGERSTOWN WEEK CHAMBERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 260 LINCOLN WAY WEST YES NO X COUNTY HOSPITAL within letely carbon 3. NAME DF DECEASED First DATE Month Day Middle Last (Type or print) LEONA KATHERINE GELSINGER DEATH MAY 21 66 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED TY NEVER MARRIED last birthday) | Months | Days FEMALE WIDDWED | DIVORCED 18,1914 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** HOMEMAKER OWN HOME U.S.A FRANKLIN CO.. PENNA death certificate 喜 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then ANNIE CHRISTMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT has been signed by the attenast the burial-transit permit. prior to burial, cremation, or i (Yes, no, or unkown) CLAIR GELSINGER NONE LINCOLN WAY WEST INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVALED TO THE TERMINAL DISEASE CONDI for use Health PERFORMED? certificate CERTIFICATI YES No 🗆 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of H 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work \_\_ at work 2 21. I certify that (I) (this hospital) attended the deceased from. 19. DIRECTOR: /
age 3 should
lied with the to. and that death occurred at .M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a, SIGNATURE 22b. filed STAFF PHYS. DIRECTOR O HOSPITAL PHYSICIAN'S NAME (Type) 22d, ADDRESS TO FUNERAL director, p JOHN DONOGHUE M.D. BURIAL, CREMATION, REMOVAL (Soecify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 24.1966 THOMAS CEMETERY FRANKLIN CO. PENNA. 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 196 HAGERSTOWN. MARYLAND VR AI5 (4) 20M 1/65



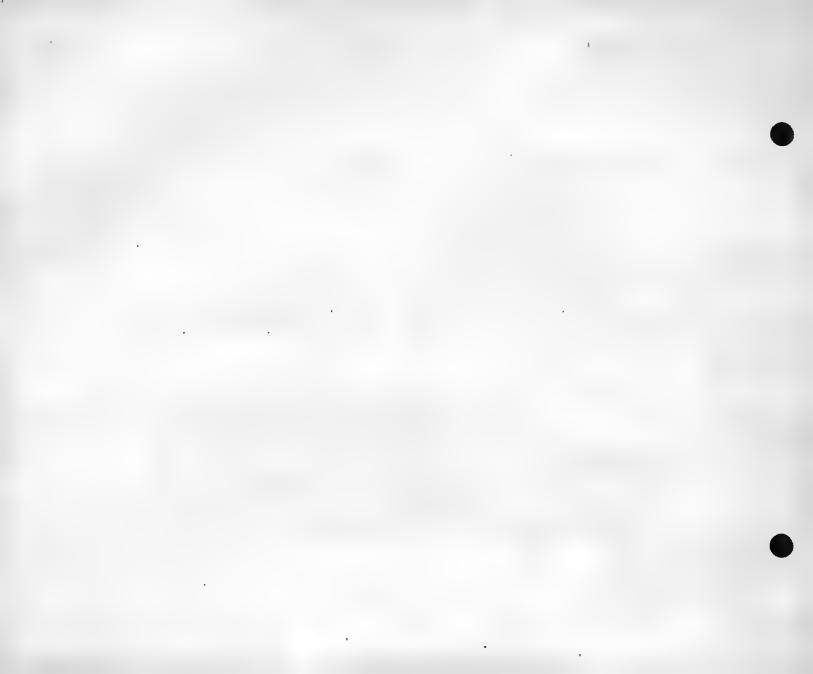
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, hours after death, 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY WASHINGTON b. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b HIAto Attral Sand Give Nearest town) 45 YRS. HAGERSTOWN .⊑ bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE filled ON A FARMA 24 W. WASHINGTON ST. WASHINGTON NO completely i D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. 3. Day NAME OF First Middle Mon th Year Last DECEASED OF DEATH MAYME PEARL MAY 19 66 GTIBERT (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. OATE OF BIRTH and con 6. COLOR OR RACE 8. 9. 7. MARRIED NEVER MARRIED 890 WIDOWED A FEMALE DIVORCED . Ovrs. ermit. Then please ter on, or removal, and in a 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. HOME MARYLAND HOUSEW IFF 13. FATHER'S NAME MOTHER'S MAIDEN NAME VENUS SLICK WILLIAM KRINER igned by the attend rial-transit permit. rial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (If yes give war or dates of service) MR. NEVIN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-tr burial, DUE TO Conditions, If any, which certificate has been s thed for use as the bu pt. of Health prior to bu gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO K YES 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) DIRECTOR: After this certage 3 should be detached led with the State Dept. of MEDICAL 2Dd. INJURY OCCURRED 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year | 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 19.66, that (I) (we)-last 21. I certify that (I) (this hospital) attended the deceased from U.S. and that death occurred at Sam. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR page ATTENDING STAFF M.D. PHYS. o FUNERAL I director, pag should be fill PHYSICIAN'S 22d. **ADDRESS** 22c. NAME (Type) Wash. Ditto (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23c. REMOVAR (TRACKY) 5/10/66 LETTERSBURG LUTHERN LETTERSBURG MD . REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR AI5 (4) 2DM 1/65



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- = 0	C7596 CERTIFICATE OF DEATH 37583
after death. the funeral ges 1 and 2 after death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
er e	a. COUNTY WASHINGTON MARYLAND B. COUNTY WASHINGTON
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4 hilled pers 72 J	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
thin 2	WASHINGTON COUNTY HOSPITAL 919 OAK ST. YES□ ND 🔀
executed within 24 hours after end completely filled in by the remove carbon papers. Pages 1 france event, within 72 hours after	3. NAME DF First Middle Last 4. DATE Month Oay Year DECEASED OF THE DECEASED O
omp omp vent	(Type or print)  ANNA MAE G. GROVE.  DEATH MAY 22 1966  5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH  9. AGE (in years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday) Months   Oays   Hours   Min.
ecut	
a execu	10a IISIIAI OCCIPATION (Give kind of work done   30b. KIND OF BUSINESS OF 11 BRETHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
and sic	during most of working life, even if retired) INDUSTRY  PRACTICAL NURSE NURSING MARYLAND U.S.A.
icati phy val,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding The The	HARMON A. HOUSE FLORENCE POWELL
then of I	15. WAS DECEASED EVER IN U.S. ARMED PDRCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17. INFORMANT Address HAGERS TOWN
dead be at perr lion,	NO 219-05-2951 MR. MILTON L. KERSHNER MD.
by the nsit email	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corobral embolus  INTERVAL BETWEEN DISSET AND DEATH LI hours
The law requires that the death certificate be or attending physician. The attending physician rate has been signed by the attending physician ruse as the burial-transit permit. Then please saith prior to burial, cremation, or removal, and find	IMMEDIATE CAUSE (a) OF COLOR COLOR
sign uria uria	Conditions is any which !
or attending physician.  ate has been signed b  use as the burial-tran  salth prior to burial, cre	gave rise to immediate due (to Auricular fibrillation episodic l year.  Causo (a), stating the DUE TO
as the	underlying cause tast. ) (c) Atherosclerotic heart disease with coronary occlusion cartain
of by the hospital of attending puysicials.  After this certificate has been signed by the attending phy lid be detached for use as the burial-transit permit. Then ple State Dept. of Health prior to burial, cremation, or removal,	FERFORMED?
for Hea	YES NO NO 20 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
this certific detached for e Dept. of He	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Deport	
tate de	Soc. TIME DF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   Hour a.m.   While   Not While   factory, street, office bidg., etc.)   p.m.   19   at work   at work
e Silah Silah Silah Silah	21. 1 certify that (1) (this hospital) attended the deceased from May 10 1966, to May 22 1966, that (1) (we) last
Short Total	saw the deceased alive on May 22 19 66, and that death occurred at 4:450, from the causes and on the date stated above.
De retained IRECTOR: Ai e 3 should d with the S	228 SIGNATURE  M.O. PHYS. MED. STAFF   22b. OATE SIGNED   May 24, 1966
AL Dag	M.O. PHYS.   May 24, 1966  22cd PHYSICIAN'S   22d, AOORES9100 Professional Arts Bldg.
d be	22cd PHYSICIAN'S NAME (Type) William T. Layman, M.D. 22d. AOORES9 00 Professional Arts Bldg. Hagerstown, Haryland 23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Page 4 may be retained by the hos of the retained by the hos of director, page 3 should be detache should be filed with the State Dept.	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 E	BURIAL 5/25/66 REST HAVEN CEM. HAGERSTOWN MD.
So	24. FUNERAL DIRECTOR  ADDRESS  258. REC'D BY REGISTRAP'S SIGNATURE  ADDRESS  AMA  270  AMA  271  AMA  271  AMA  272  AMA  AMA  AMA  AMA  AMA  AMA
M 1/65	in I porment professione me DATE IN DATE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 Film CERTIFICATE OF DEATH the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. within 72 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY, shington MARYLAND c. CITY OR TOWN (If outside corporate ismits, write RURA), and give nearest town) C LENGTH OF STAY IN 16 CITY OR TOWN (it outside corporate limits. write RURAL and give nearest town) "eeks Sharpsburg e. S RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street address) ton County Hospital YES NO A Middle Lost DATE Year DECEASED (Type or print) HAFER may Jo 1966 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE ( n years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH Jost birthdoy) Thi te Dec 12 1892 DIVORCED WIDOWED 100 US., AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Hetired during most of working life even if ret red) Bedford Bedford Co Pa. ond Querator 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME C-therine Gardner Frederick Hafer 17 INFORMANT TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Ers Pauline Hafer 318 Elizabeth Ave 213-16-0320 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN Hagerstown La. signed by the burial transit p ONSET AND DEATH METASTATIC - MRCILLOMA IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO ? Conditions, if only, which gove C-MRCIHOMA rise to immediate couse (o), DUE 10 stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been for use as the PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? ARTERIOSCUSCOTIC C- V DISERSE NO -20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAJSE OF DEATH detached (IF EITHER, NOTIFY MED CAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Not While nt work of work 21. I certify that (I) (this haspital) attended the deceased fram 15 June , 1963 , to 25 14 M , 1966, that (I) (we) last saw the deceased alive on 25 1/1 1966, and that death accurred at 53/P M, from causes and an the date stated above. 22b. DATE SIGNED 220 - SIGNATURE MED DIRECTOR STAFF M.D. 22d, ADDRESS 22c PHYSICIAN'S 216 N. POTOMIE ST. NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF Hagerstown "ash Co Rose Hill Cenetery 5-38-36 250. REC'D BY REGISTRAR nager's town 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4)7 20 M 1/66 Andrew K. Coffman Funeral Home Inc



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funer PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY hours after MARYLAND by the Pages c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporate limits, and give nearest town) E e. IS RESIDENCE INSTITUTION (If not in bospital, give street address filled within 72 ON A FARM? YES TO NOT completely DATE OF DEATH Month carbon NAME OF First DECEASED event, 19 6 (Type or print) AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 9. SÉ 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED last birthday) | Months | Days in any ( and WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done) (County & State, or foreign country) physician in please in during most of working life, even if retired) certificate be and . Then ple removal, a **FATHER'S NAME** 13. attending principle of the second sec Address INFORMAN' 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. certificate has been signed by the attented for use as the burial-transit permit. (Yes, no prunkown) (If yes give war or dates of service) death CAUSE DF DEATH [Enter only one cause per-line for (a) (b) PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CERTIFICATION PERFORMED? NO V YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING detached for the Dept. of h OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While After be retained by 19 at work at work TO HOSTIE Page 4 may be recommended from TO FUNERAL DIRECTOR: After director, page 3 should be fined with the St to 5-3-66 19 19 کے that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at Miss. from the causes and on the date stated above. saw the deceased alive on \_\_19\_ DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) REWER NAME OF CEMETERY OR CREMAJORY LOCATION (City, town or county) BURYAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REGISTRAR'S SIGNATUR REC'D BY REGISTRAR 25b. **ADDRESS** EUNERAL DIRECTOR VR A15 (4) 15M 4-64



1	-	.	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE		07597 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07586
HEALTH	DEPT.	1	1. PLACE DF DEATH 11 2 IISLIAL RESIDENCE (Where deceased lived, if institution: Residence before admission
	(N	Α	a. COUNTY Weshington b. COUNTY Montgoments
eral Feral	養量	<b>'</b>	b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
ecessary e funeral may be	artm de		Hagerstown DOA Kensington
0 0 0 O	Department after death		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	State hours	71	Washington County Hospital 10225 Kensington Pkwy YES NO K
del and	5 S		3 NAME DF First Middle Last 4. DATE Month Day Year DECEASED V 17 TI OF
P. 29	h the	-	(Type or print) Kenneth V. Harvey DEATH May ? 19 66
SS I	選		last birthday   Monthe   Dave   Hours   Siln
death Page ith fo	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-	Male   White   widowed   Divorced   Sept 12, 1908   57 yrs.   Months   Days   Hours   Min.    100. USUAL OCCUPATION (Give kind of work done   10b. Kind of Business or   11. BirthPlace (State of foreign country)   12. Citizen of What
E. S. E.	l and event		during most of working life, even if retired) INDUSTRY
affe a	# E	-	Attorney US GovN't Washington, DC US A
S T T	<u>A</u> .5		Richard K. Harvey Elsie Mawrey
A Table	File	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
First S	permit. removal,		(Yes, no, or unknown) (If yes give war or dates of service) 677-66-0308 Gladys W. Harvey, See Blk #2 above
uted withi "in penci Examiner	rem	ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  CORONARY OCCIUSION  INTERVAL BETWEEN ONSET AND DEATH
et e	nsit or		PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION
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certificate : iting the v	hould be int, prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTDESY PERFORMED?  YES NO YES NO YES NO YES CAUSE OF DEATH.
INER: This cer lificate, writin be forwarded	t pad		
fte, Ti	3 shou agent,		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (Clty or town) (County) (State)  Hour e.m. White at work et work et work
S S S S S S S S S S S S S S S S S S S	90		
EXAMINER: ne certificati should be fo	gnat Pa		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, inquiry, and in my opinion
shour files	TOR: Podesigna		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
Se A	TS S		ACTUAL A 22, DATE SIGNED
Page 7	9 2		DEPUTY MEDICAL EXAMINER X
e e e		-4	EXAMINER'S NAME (Type) DR. E.W. DITTO, JR. Address (Street, city, town, or county) 5-7-66
DEPUT please e director.	FUNER f Health		23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2000	20,0		Burial May 10,1966 Rock Creek Cemetery Washington, D. C.
VR AL	5ME (5)		Joseph Gawlers Sons Inc. Wash DC
5M	1/65		DATE MAY 1 U 1956 frances garage

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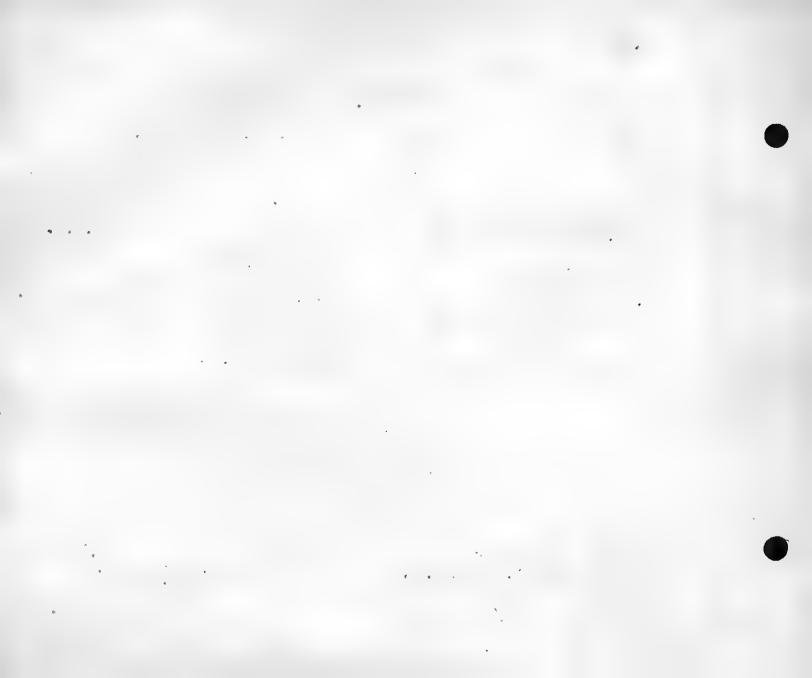
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	Curvan Heiges, Maynesh	
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SAIDE HOW INJURY OCCURRED NEIT	ter nature of injury in Part I of Part II or i	leii 10.)
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M.D. PHYS.		3-3/-00
A A 1 [ // ]		GERSTUUN AT
C. NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION (City, town	or county) (State)
Fairview		ISTRAR'S SIGNATURE
	0/1/	carles Judge
1. PLACE DF DEATH		





1	A.	<b>\</b>		L RESEARCH AND RECORDS	S, 301 W. PRESTON STR		5 A
dia th.	Saw the deceased alive on 19 20, and that death occurred at 20 M, from the causes and on the date stated  22a. Signature  M.D. Attending Med. Director 19 21b. Date signed  22c. Physician's Edson B. Moody M. D.  22c. Physician's Name (Type) Edson B. Moody M. D.  22d. Address 115 S. Prospect St.  Hagerstown, Maryland  23a. Burial, Cremation, 23b. Date thereof 23c. Name of Cemetery or Crematory Burial (Specify)  BURIAL (Specify)  5/3/66 ROSE HILL CEM. HAGERSTOWN MD.						
ter des	<b>5</b>	1.	WASHINGIO	MARYLAND	1		
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ed h	9 S	<b>[</b>			3/1 - 1963	to 5/30 19	66. that (I) (we) las
tain TOR:	±		*	4/30 19 66, and that	t death occurred at 7.56/ N	I, from the causes and on	the date stated above
y be reported	lled wil		Edray 3.	Morody M.C	D. PHYS. DIRECTO	OR PHYS.	5/3/49
SPITAL e 4 ma INERAL	(Yes, me of unknown) [(If yes give war or dates of service) 2/7-42   MRS . LAVALE  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  OUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTION CAUSE OF CONTRIBUTION COURSED.  OF CONTRIBUTING CAUSE OF CONTRIBUTION COURSED.  OF CONTRIBUTION COURSED.  OF CONTRIBUTION CAUSE OF CONTRIBUTION COURSED.  OF CONTRIBUTION COURSED.  OF CONTRIBUTION COURSED.  OF CONTRIBUTION	Hage	rstown, Maryle	nd			
TO HC Page TO FU	shou	23a	BURIAL CREMATION, 23b. OATE THE REMOVAL (Specify)		CEM.	HAGERSTOWN	MD •
VR AIS (	Peri IA	24		Had s. 1 / Ry	25a. REC'D BY F	1066 Ocharl	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Washington Marvland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Smithsburg Rural Smithsburg Vrs. Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Smithsburg R. D. 3 YES X NO etely The law requires that the death certificate be executed within with carbon NAME DE DECEASED First Middle Last DATE Month Day Year (Type or print) DEATH Allen Hess 19 66 May 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED TH NEVER MARRIED remove last birthday) Months I Days Hours and any White Sept. 30. 1898 Male WIDOWED [ DIVORCED [ physician an please reval, and in = 10a, USUAL OCCUPATION (Cive kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Farmer Franklin Co., Penna. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending purity Then removal John W. Hess Emma Rouzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO. Address the attenit (Yes, no, or unknwn) (if yes give war or dates of service) Mrs. S. Allen Hess cremation, no Smithsburg INTERVAL BETWEEN ONSET AND DEATH, 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). been signed by the the burial-transit por to burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 40 Edydia the hospital or attending physician. DUE TO early of 150 dse Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h hed for use t. of Health p PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached 1 Dept. of OR CONTRIBUTING CAUSE OF CEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work at work retained DAME 1966, that (I) (we) last 21. I certify that (!) (this hospital) attended the deceased from... DIRECTOR: and that death occurred at 32 M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SICNED page ATTENDING PHYS. MED. M.D. DIRECTOR O HOSPITAL FUNERAL PHYSICIAN'S ADDRESS 22c. 22d. director, p should be 1 NAME (Type) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 966 Burial Ringgold Ringgold Washington Co. 25b. REGISTRAR'S 24. FUNERAL DIRECTOR REC'D BY RECISTRAR 1966 VR A15 (4) Wavnesboro. Penna. 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07602 CERTIFICATE OF DEATH death, PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death pletely filled in by the funeral carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. county ashington g. STATE . carban papers. Pages 1 ent, within 72 haurs after MARYI AND ashington b. CITY OR TOWN (if autside carparate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RuRAL and give nearest tawn) Hagerstown 40 Years Hagerstown e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO K Frederick Street Frederick 3 NAME OF Middle DATE Month Year last Day DECEASED 66 WISL V 19 (Type or print) ETHEL DEATH HOFFMAN IF UNDER 1 YEAR S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** ast birthday) 68 yrs. Manths Days Hours "hi te Female WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind at wark dane 12 CITIZEN OF WHAT 306 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) and in COUNTRY? during most of working life, even if retired) Own Home "ash. Clearspring, 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME cremation, or remayal, James Hull Jennie Dennis TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dotes of service) Grant L. Hoffman 216 Frederick Street None Hagerstown, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line forgo), (b), and (c)) arvland signed by the burial-transit p ONSEP AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Page 4 may be retained by the hospital or attending physician. DUE TO burial, Conditions, if any, which gave nse to immediate cause (o), **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta WAS AUTOPSY PERFORMED? PART II OTHER-SIGNIEKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form (State) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Not While of work 21. 1 certify that (1) (this haspital) attended the deceased from 2 1966, and that death accorred at 5 A M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE **ATTENDING** 22d. ADDRESS PHYS CIAN'S NAME (Type) 1135 POTOMAC AVENUE HAGERSTOWN. MARYLAND RICHARD BINFORD. M. D. 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specifix) Md. 986 Rest Hav an Cemetery ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 ■ 1/66 Andrew K. Cofinan Hagerstown.

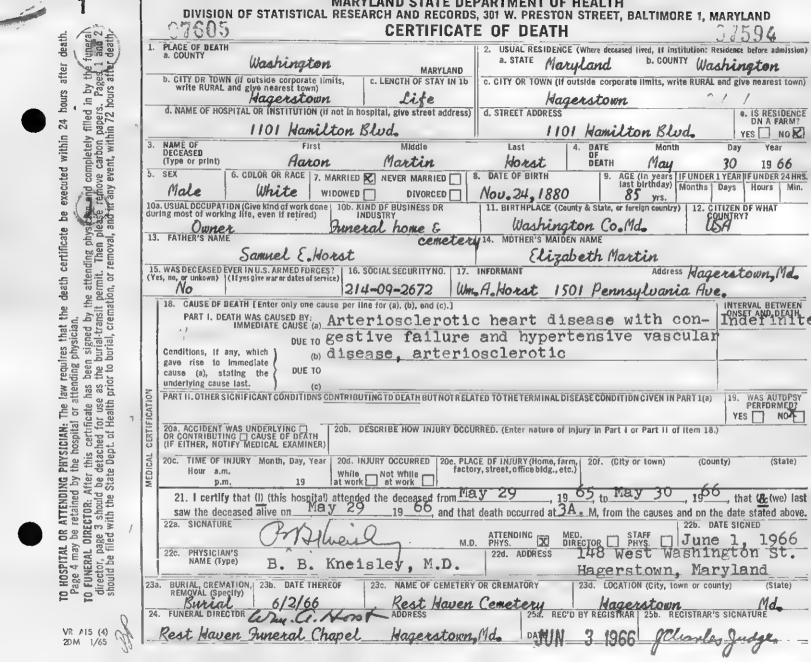


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death deoff Empletely filled in by the funeral ave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY shington o. COUNTY o. STATE Mashington Maryland MARYLAND b. CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ban papers. Page write\_RURAL and give nearest town) Hagerstown l week Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 54 North Cannon Ave ashington County Hospital YES NO 3 NAME OF 4 DATE First Middle Lost Year DECEASED Ellis 18 19 66 Guv Hoover (Type or print) Mary DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS. 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED X **NEVER MARRIED** ~ ast birthdoy) Months Doys WIDOWED DIVORCED Janv 19 1893 and in any Male whi te the attending physician and sit permit. Then please re-10o. JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be-Retired during most of working life even if retired) COUNTRY? Hagerstown Wash Co Ld erchant 13 FATHER'S NAME Emma Winters Christian Hoover IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes\_no, or unknown) (If yes give wor or dates of service) Lrs Lary C. Hoover 54 No Cannon 219-36-4869 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Hagerstown burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending as the O FUNERAL DIRECTOR: After this certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? far use tono sclerotic vascular 1) inlance YES NO >4 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200 ACE DENT WAS JNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg, etc.) Not While at work ot work 21. I certify that (1) (this hospital) attended the deceased fram 4-12-54, 1954, to May 18-, 1966, that (1) (we) last 19.66, and that death accurred at // LT M, fram causes and an the date stated above. saw the deceased alive an Han 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 5-20-66 M.D PHYS. 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Edward W. Ditto III. M.D. 217 West Washington Street directar, should be 230 BUR AL, CREMATION, REMOVAL (Specify) Burial 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) Hagerstown Wash Co Rest Haven Cenetery + 5/21 nagers to n 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Cofinan Funeral Home Inc Andrew K.



	I, MARYLAND
CERTIFICATE OF DEATH	2759 <b>3</b>
4	ons Residence before admiss
Washington Maryland Fred	derick V
b, CITY OR TOWN (if outside corporate limits. , c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURA)	
Hagerstown 3 years Rural Myersville	*
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS	a. IS RESIDE
Jackson Convalescent Home Route # 1	YES X NO
3. NAME OF First Middle Lest 4. DATE Month DECEASED OF	Dey Year
(Type or print) Mary Virginia Hoover May	9 19 66
white   white   widowed   February 5,1876   90 vr.   Month	ha Deys Hours Mi
	CITIZEN OF WHAT COUN
Housewife Own Home Washington Co. Md.	U.S.A.
13. FATHER'S NAME	2 2 2 2
Francis Valentine Barbara Ann Gaylor	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yas, no. or unknown) Illinos awar or detection	Rt. #
MA	Myersville.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) IMM of any of af af af all chemical	8 kes
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PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN IN IT.  200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURED (Enter neture of in, ury in Pert I or Pert II of dom 18.)  OR CONTRIBUTING CAUSE OF DEATH UNDERLYING CAUSE OF DEATH UNDERLYING THE THERE, NOTIFY MEDICAL EXAMINER!	
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p.m. 19 ef work at work	
21. I certify that (1) (this hospital) attended the deceased from	19 (J. that (I) (we
saw the deceased alive on	
	22b. D.
220. SIGNATURE ATTENDING MED. STAFF	
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	STREET, BALTIMORE 1, MARYLAND  3593  (Where deceased lived, it institution: Residence before admit b. COUNTY  Frederick  It is decorporate limits, write RURAL end give nearest town)  Myersville  1
Washington  OR TOWN    deviside expoperate limits.  E LINGTH OF STAY IN 16  3 years  AE COF HOSPITAL OR INSTITUTION    17 INFORMANT  FORM    18 OUT OF STAY IN 16  STREET ADDRESS  OR ST	11 .
22c. PHYSICIANS NAME (Type) Q C D K D H L C R. ATTENDING DIRECTOR PHYS.   7	may 10 14
ATTENDING MED. STAFF PHYS. DIRECTOR	county) May (Start)
22c. PHYSICIAN S NAME (Type)  23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify)  MAY, 12,1966  STAPP PHYS.  DIRECTOR PHYS. D  ORCHOTOR PHYS. D  22d. ADDRESS  23d. LOCATION (City, Town or or REMOVAL (Specify)  MAY, 12,1966  St. Marks Litheran  1/Olfsville, E	county) M(Start) Fred.Co.Ma.
22c. PHYSICIAN S NAME (Type)  23c. NAME (Type)  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, 10 or or or crematory)  23d. LOCATION (City, 10 or or or crematory)  24 FUNERAL DIRECTOR'S SIGNATURE  25c. REC'D BY REGISTRAR  25d. REC'D BY	county) Mac (State) Fred.Co.Na.





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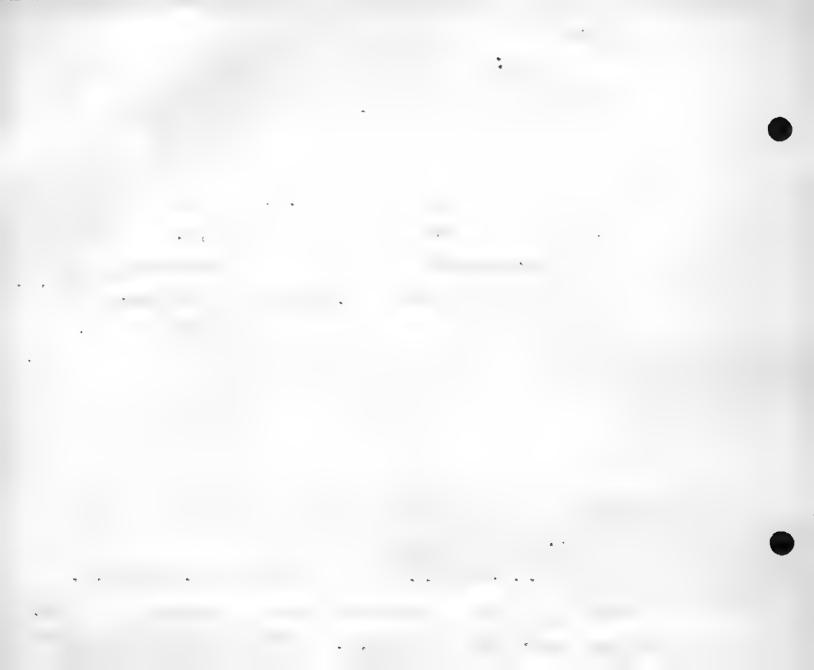
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Washington b. COUNTY Montgomery Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cabin John Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Ξ filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Western Maryland State Hospital 6601 Seven Locks Road NO1E YES pletely carbon p bon p law requires that the death certificate be executed within Middie DATE Month Day DECEASED DEATH (Type or print) OR OR RACE DATE OF BIRTH 5. 6. 8. AGE (In years | IF UNDER 1 YEAR)
Jast bisthday) | Months | Dave NEVER MARRIED 7. MARRIED Hours WIOOWED S DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) attending physician a ermit. Then please to on, or removal, and in 10b, KINO OF BUSINESS OR 11. SIRTHPLACE (County & Stafe, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Naples, Italy U. Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Merolla Ge**t**trude Sacchi 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) ((If yes give war or dates of service) ed by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMAN Address Daughter Same as Item 2. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. **DUE TO** Conditions, if any, which gave rise to immediate OUE TO cause (a), stating the as th prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? NO Y YES [ 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) hed of CAL 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While retained by p.m. at work at work DIRECTOR: Age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at 70 LM. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. o FUNERAL DIRE director, page 3 should be filed y ATTENOING MED. STAFF M.D. PHYS. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. **ADORESS** NAME (Type) LOCATION (City town or county) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY (State) 23b. 23d. REMOVAL (Specify) Buria] -25-66 Silver Spring Heaven Cem. FUNERAL DIRECTOR REC'O BY REGISTRAR Bethesda. Marylandwa PUMPHREY VR A15 (4) 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COLNTY MARYIAND WASHINGTON WASHINGTON MARYLAND b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) BIG POOL HAGERSTOWN DAYS d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? BIG POOL YES WO X WASHINGTON COUNTY HOSPITAL 3. NAME OF pou First M<sub>c</sub>ddle Last 4. DATE Month Day Year DECEASED FLORENCE **JOHNSON** 0F AMELIA 19 66 25 Type or print) MAY CGT DEATH S SEX 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER IF UNDER 24 HRS 7. MARRIED NEVER MARRIED emove h rthdoy) Months FEMALE Davs Hours WHITE 3/1/1896 DIVORCED WIDOWED 10g JSUAL OCCUPAT ON (Give kind of work done JOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY COUNTRY? BIG POOL, MARYLAND
14 MOTHER'S MAIDEN NAME U.S.A 13 FATHER'S NAME ar remava E) GEORGE C. FRENCH by the attending particular than the ANNA MANNING WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war ar dates of service) 32-1035 DANIEL G. JOHNSON. BIG POOL. crematian, TB. CAUSE OF DEATH (Enter only one cause per line for (a) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN (b), and (c).) burial-transit IMMEDIATE CAUSE (a) 420 DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause as the has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY CERTIFICATION PERFORMED? levas s O FUNERAL DIRECTOR: After this certificate -NO ģ 2Dg ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While at wark at wark Page 4 may be retained by 2). I certify that (1) (this hospital) ottended the deceased fram \$ 123/66 . 19 , ta 5 /2 3 / 66 , 19 , that (I) (we) last and that death accurred at 7050 M. fram causes and on the date stated above saw the deceased glive on 3/23/66 19 22a. SIGNATUR 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR page 3 PHYS PHYS 22d ADDRESS 22c PHYSICIAN'S director, po should be f NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) SHANKTOWN CEMETERY BIG POOL, WASH.CO. MD. BURIA 5/28/66 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



I (NA	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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rted w compi ve car event,	E ACY	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
xecuted and col emove any ev	Genale White WIDOWED DIVORCED	Sept. 12.1877 R8 vrs. Hours Min.
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PITAL OR 4 may be ERAL Off Or, page		22d. ADDRESS
SPITS 8 4 m NERA Ctor, I	name (Type) J.D. Wilson M.D.	580 Northern Ave. Nagerstown, Md.
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
	Burial 5/20/66 Smithsburg	Cemetery Smithsburg Md. 125a. REGISTRAR'S SIGNATURE
10 11 11		. I seek a a soon   (//// /o-sta . Usa dati
VR A15 (4) 2DM 1/65	Rest Haven Guneral Chapel Hagerstown, Md	MAY 19 1966   generals ymage ==



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27603 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission WASHINGTON a COUNTY O. STATE MARYLAND b. COUNTYWASHINGTON MARYLAND b. CITY OR TOWN (If autside carparote limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) RURAL RURAL YRS. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOME HANGOCK MD. NO 😾 YES þá orban 3. NAME OF First Middle 4. DATE Last Month Dov Year DECEASED GURNEY LEE HOTENHOL (Type or print) DEATH MAY C CEX 6 COLOR OR RACE 7 MARRIED X B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED last birthday) Months Days Hours White DIVORCED MIDOWED MARCH 4 1904 12. CITIZEN OF WHAT IDo LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working the even if retired) INDUSTRY COUNTRY? STANARDSVILLE VA. H.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WILLIAM CONLEY SELENA SHIFFETT 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANY Address (Yes, no. or unknown) (If yes give war or dates of service) MARVIN JOHNSTON RURAL 1 HANCOCK MD NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and INTERVAL BETWEEN signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause the hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO [ TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Poge 4 may be retained by the haspitol or O FUNERAL DIRECTOR: After this certificate YES T for 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, affice blda..etc.) Not While at wark 2)19 Ro. 10/11/14 21. I certify that (I) (this hospital) attended the deceased from Much that (I) (we'll last should C, and that death occurred at 1205 M, from couses and on the date stated above. saw the deceased alive on. 22n, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S HANCOCK MD. NAME (Type) 23b. DATE THEREOF BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 6.1.66 RIWERVIEW HANCOCK WASHINGTON MD ADDRESS 24. FUNERAL DIRECTOR REC'D\_BY REGISTRAR Ochanles VR A15 (m) 1966

1	07610	L RESEARCH AND RECORE	TE OF DEAT		IIMOKE 1, MAR	YLA
		CERTIFICA			97	59
1.	PLACE OF DEATH  • COUNTY			CE (Where daceesed live	d, If institution, Residen-	ce be
	Wishington	MARYLAND	· siMaryla	nd	Washin	et
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)	c. LENGTH OF STAY IN 16		f outside corporate limits,	write RURAL and give	neere
1	Hagerstown Md.	50vrs	Hagerst	own Maryl	and	
	Hagerstown Md.  d. Name of Hospital or Institution (#	nol in hospital, give street address)	d. STREET ADDRESS	marit men à Te	CT I CT	
	Washington County :	Hospital	59 W. E	Bethel Str	00+	Y
3.	NAME OF First DECEASED	Muddle	Last	4. DATE	Nonth Day	
П	(Type or print) Pearl	Frances	Jones		44	
5.			B. DATE OF BIRTH	9. AGE (In y	reers   IF UNDER 1 YEAR	IF L
] ]	Female Colored		Feb 9 1903	lest birthd	ley) Months Deys	Н
10	Da. USUAL OCCUPATION (Give kind of work	1 10b. KIND OF BUSINESS OR INDUSTR		ly & State, or foreign cou	niry) 12. CITIZEN C	F W
	DOMESTIC	Private family	Sharpsbu	rg. Md	USA.	
13	. FATHER'S NAME		14. MOTHER'S MAIDEN		, our e	
Н	David Herbert		Fanny			
	. WAS DECEASED EVER IN U.S. ARMED FORC			Ad	dress	
10	(Ifyesgivewarordetesofser	220-30-7676 A	fred Jones	434 N .Te	nathan S	+
-	18. CAUSE OF DEATH Enter only one c	eusa per line for (a), (b), and (c).)		30 x 11 , 0 (	I IN	ERV.
L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Clasmia			ON	ISET
Н	446 X DUE TO					~~
П	Conditions, if any, which	ARTERIOLAR HE	men scubios	2.	·	9
	geve rise to immediate cause	,		_	-	
	(a), stering the undarrying	Neterio scisio	515 Co 341.			٢
Z	16]	ONS CONTRIBUTING TO DEATH BUT NO		NAL DISEASE CONDITION	GIVEN IN PART 1(a)	9. 1
18	7000 3-50	millione			1	YES
NA NA	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Pert I or Part It of Item 18		
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH					
			ACE OF INJURY (Home, ferm		(County)	
MEDICAL	Hour am.	While Not While fac	tory, street, office bldg , etc.			
2	print, 17		(0 h-00 )	1964 10 -1 14	NY 10(6C- 1	În m t
	21. I certify that (I) (this hospital saw the deceased alive on	my arrended the deceased from.				
	saw the deceased alive on 3	and that	dearn occurred a	ream, from the caus	C3 BIIO OII INC OOI	
	4		ALLER TO THE PARTY OF	AED. STAFF		
	22c. PHYSICIAN'S	N	22d, ADDRESS		<u> </u>	01
	NAME (Type)	ENDER	218 N. Pa	Tomas ST. H	AG SILSTON	V
-	Be. BURIAL, CREMATION, 1 236. DATE THERE			23d. LOCATION (Cit		dra media
	REMOVAL (Specify)					
1=	Burial 5-7-196  FUNERAL DIRECTOR'S SIGNATURE	66 Rose Hill C		Hagerst <sup>O</sup>		71,100
	DA PILA	11 2	7 0.637	9 1966 8	Charle 1.	سار
-	John Malask Da	Mageneran 11	TOL, IMAY	ן ססטו ל		- 4



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07611 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 97600 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Washington a. COUNTY a. STATE Washington Poge Maruland ţ, ofter deoth. MARYLAND b. CITY OR TOWN (If outside corporate mits C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) and write RURAL and give pearest town Rural e. IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Hagerstown Hagerstown Item 18. Give Poges YES 🔀 NO 3 NAME OF Middle 4. DATE Month DECEASEO Kendle within (Type or print) Randu Preston DEATH May 19 66 S SEX AGF (In years F UNDER 6 COLOR OR RACE B DATE OF BRISH birthday) Months Sept. 17,1947 White Mole WIDOWED O VORCEO 10a LSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Hagerstown, Md. dny pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME <u>.</u>E Betty Marie Crawford Preston Miller Kendle gug IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT certificate should be executed removol, (Yes, no, or unknown) (If yes give war or dates of service) Mr. Preston M. Kendle Hagerstown, Md. 216-46-2808 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Asphyxiation 5 writing the word buriol, cremation, DUE TO Mechanical obstruction of airway Conditions, if any, which gave pur from accidental means. rise to immediate cause (a), stating the underlying couse PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
Car slipped off ramp pinning patient underneath. 20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20f (City or fown) 20d M.JRY OCCURRED 20e PLACE OF INJURY (Home, form, (County) Not While Farm may be retoined for your FUNERAL DIRECTOR: Page Hagerstown Wash. Md. at work 21. I certify that taak charge of the remains described above, held an Autopsy ..... Inspection x and in my opinian Inquiry death resulted fram // Natural causes Accident/ Suicide | Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. OATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY EXAMINER'S Howard 580 magerstown Md. Weeks. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF 23d LOCATION (City or Town) (State) 230 BURIAL CREMATION 50 REMOVALISPECTY) Md. Rest Haven Cemetery Hagerstown REC'D BY REGISTRAR VR A15ME S Hagerstown Md Haven Juneral Chapel



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY N 16 c CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL end give nearest lown) Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ig ve street eddress, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 14 South Cannon YES NO X 3. NAME OF M.dale DECEASED Charles Herbert Kershaw (Type or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. Bast birthdey) | Months WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Conty & Strie, or fore an country, 12. CITIZEN OF WHAT COUNTRY? done during most of working fe, even if retired) She herdstown, W. Vu. antence. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Prudence Evans Edward Kershaw 15 WAS DECEASED EVER N. U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres . C nnoa Ave/ (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 4-09-9843 ars Elva P. Kershar Hagerstown, 18. CAUSE OF DEATH [Enter only one cause per line for ,e), (b), and (c Sev. yrs. PART I, DEATH WAS CAUSED BY: Pulmonary Emphysema IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Chronic pulmonary infection 20a, ACCIDENT WAS UNDERLYING [7] 1 20b. DESCRIBE HOW NJJRY OCCURED (Enter neture of injury in Part I of Iden 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20d. INJURY OCCURRED, 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Steta) fectory, street, office bldg., etc.) Not While Hour a.m. While al work al work saw the deceased alive 22a. SIGNATURE ATTENDING K DIRECTOR PHYS. 480 Northern Ave., Hagerstown, Md. 22c. PHYSICIAN'S NAME (TypeHoward N. Weeks. 23a. BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) Green Lam Celetery 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Ha erstown, Ld. 15M 9/6■



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07813 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death tely filled in by the funeral ban papers. Pages 1 and within 72 haurs after déat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o, COUNTY b. COUNTY Washington Washington Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown rural Hagerstown 8 years d. NAME OF HOSPITAL OR ASTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital Rd YES NO 3 NAME OF First Middle Lost 4 DATE Month DECEASED 26 May 19 66 ELSIE DELI.A L.INEBAUGH (Type or print DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost berthdoy) Dovs Ноигя 9/28/03 WIDOWED DIVORCED white female 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Stanley, Va. housewife home 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Charles Taylor Betty Knight 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service) Charles J. Linebaugh, Sr. Hagerstown none no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been d for use as the of Health prior to last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO T 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ 24 (cc) 19 66 and that death accurred at 40 M, from causes and an the date stated above saw the deceased alive an... 22b DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) director, shauld 23o. BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) DUREMOVA (Specify) 5/28/66 Rose Hill Cemetery Hagerstown, Md. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR MINNICH FUNERAL HOME Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH



# eng 07615	CERTIFICATE OF DEATH	3 1002
		J 6 D U 4
1. PLACE OF DEATH a. COUNTY  D. CITY OR TOWN (if outside corporation)	2. USUAL RESIDENCE (Where deceased lived, If in a. STATE MORN On b. COU	
with Rural and give nearest town	MARYLAND  C. CITY OR TOWN (If outside corporate limits, we	rite RURAL and give nearest town)
Sino United Williams Co.	T WILLIAMSROR	<i>it</i>
d. NAME OF HOSPITAL OR INSTITUTION	ON (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3. NAME DF FI	Irst Middle Last   4. DATE Mont	YES NO
DECEASED (Type or print) WALLACE	HOWARD MATHENY DEATH 5	// 1966
(Type or print) WA//AC.E  5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years last birthday)	
103, USUAL OCCUPATION (Cive kind of work	WIDOWED DIVORCED 7/2//892 73 yrs.	
physician  1. Name of Hospital on Institution  1. Name of Hospital on Institution  2. Signed by the attending the place of	done 10b. KIND OF BUSINESS OR VII. BIRTHPLACE (County & State, or foreign country of the tire of the state of foreign country of the tire of the state of foreign country of the state	MILITATE YE. S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
in grand William S	MATHENY HUNA HATT	ER
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unkown) (If yes give war or dates o	PRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre	<b>155</b>
18. CAUSE DF DEATH [Enter only on	ne cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	" Fortistal Carelina Acad	Fernix draw
one in it is	TO Consult Line A	
Cenditions, if any, which gave rise to immediate cause (a) stating the DUE	(b) White our case	6 mars
Sign of the cause (a), stating the underlying cause last.	(c)	3
PART II. OTHER SICNIFICANT CONDITION  PART II. OTHER SICNIFICANT CONDITION  Description  Descrip	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
ZE E E E E E E E E E E E E E E E E E E	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 or	YES NO III
OR CONTRIBUTING CAUSE OF DEA	NER)	or real you
DUE  Cenditions, If any, which last the lost time of the property of the prope	Year   20d. INJURY OCCURRED   20a. PLACE OF INJURY (Home, farm, 20f. (City or town)   While   at work   at work   at work	(County) (State)
21. 1 certify that (I) (this host	pital) attended the deceased from 15)16, 1965 to 57	11, 1966, that (I) (we) last
saw the deceased alive on 22a, SICNATURE	5711 1966, and that death occurred at 3 P.M. from the causes	and on the date stated above.
John 17	Joseph Cake M.D. ATTENDING PHYS. DIRECTOR PHYS.	5-11-66
22c. PHYSICIAN'S NAME (Type)	4. HORNBAKER 154 W. WASHINIGTON	ST STAGERSTOWN
23a. Burial, CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to 4/6/6 Fort Hill MEm. Park Lynch	own or county) (State)
24. FUNERAL DIRECTOR	ADDRESS   25a, REC'D BY RECISTRAR   25b, R	REGISTRAR'S SICNATURE
VR AIS (4) Whitten FUNERAL	Home, Lynchburg, Virginia MAY 16 1966   fcl	iones judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37616 CERTIFICATE OF DEATH 97605 The law requires that the death certificate be executed within 24 hours after death. Campletely filled in by the funeral ove carban papers. Pages 1 and . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Washington Washington MARYIAND b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)
Hagerstown c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 27 years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washington Hospital County W. Washington St. YES NO [ 3 NAME OF First Middie Lost 4. DATE Month Doy Year DECFASED MATTSON 1966 ANNA CHARLOTTE MAY 23 (Type or print) DEATH S. SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 88 birthdoy) Months Hours white WIDOWED March 17,1878 female DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
housewife INDUSTRY Sweden home signed by the attending physical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Ascar Samuelson Johnson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 242-03-7864 Mrs. Velda Grimes Hagerstown, Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit p INSET AND DEATH IMMEDIATE CAUSE (6) physician. lind atherosclerosis Conditions, if any, which gave nse to immediate couse (a), DUE TO for use as the Little Health priar to b stoting the underlying couse Page 4 may Le retaine by the Lospital or attending After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work N (Q1-1966 to 21. I certify that (I) (this haspital) attended the deceased fram\_ TO FUNERAL DIRECTOR: saw the deceased alive an\_\_\_ 22 Man 1966, and that death accurred at 2 A-M, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) 5/26/66 Rose Hill Cemetery Hagerstown Md burail 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL HOME Hagerstown, VR A15 (4) 20 M 1/660



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37606 07617 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o STATE b COUNTY tely filled in by the function papers. Pages 1 c., within 72 hours after d PENNSYLVANIA WASHINGTON MARYLAND FRANKLIN b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparote limits, write RURAL and give negrest tawn) write RURAL and give nearest town) HAGERSTOWN WEEKS HANCOCK, MARYLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? MARTIN MANOR NURSING HOME HANGOCK. YES X NO MARYLAND 3 NAME OF First M ddle Last DATE Doy Year DECEASED OF MARY MAGDAL I NE MCDONALD and in any event, (Type or print) 10 19 66 DEATH MAY S SEX AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH remove last birthday) Months Days Hours /1885 FEMALE DIVORCED WHITE WIDOWED an 10a USUAL OCCUPATION (G ve kind of work done during most of warking life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? attending physician termit. Then please HOUSEWIFE FRANKLIN CO. . PENNA. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, PHILLIP WARD MARGARET GARTNER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT MB#2 (Yes, no. or unknown) (If yes give war ar dates of service) HANCOCK, MD. NO HARRY I . MC DONALD crematian, signed by the a burial-transit per burial, crematia 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN last PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Repeated apisodes of cerebral honorriage enico by the haspital ar attending physician. DUE TO 20 month lypertensive cardiovaccular disease and cerebral Conditions, if ony, which gave nse to immediate cause (a), DUE TO atherosclerosi stating the underlying cause be detached far use as the State Dept. af Health priar ta has been lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Jona NO. certificate 20g ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Hour a.m. Not While foctory, street, office bldg., etc.) at work at work 2]. I certify that (I) (this baspital) attended the deceased from Armil 1 1966, to May 10 \_\_, 19<u>/4</u>\_, that (1) (we) last Page 4 may be retained director, page 3 should should be filed with the 1906, and that death occurred at M. from couses and on the date stated above saw the deceased alive an - -----22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS francistal O HOSPITAL NAME (Type) [11] 11 am Lavman. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (State) REMOVAL (Specify) RURAL FRANKLIN CO. PENNA BURIAL 5/19/66 ITTLE **ADDRESS** REC D BY REGISTRAR FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



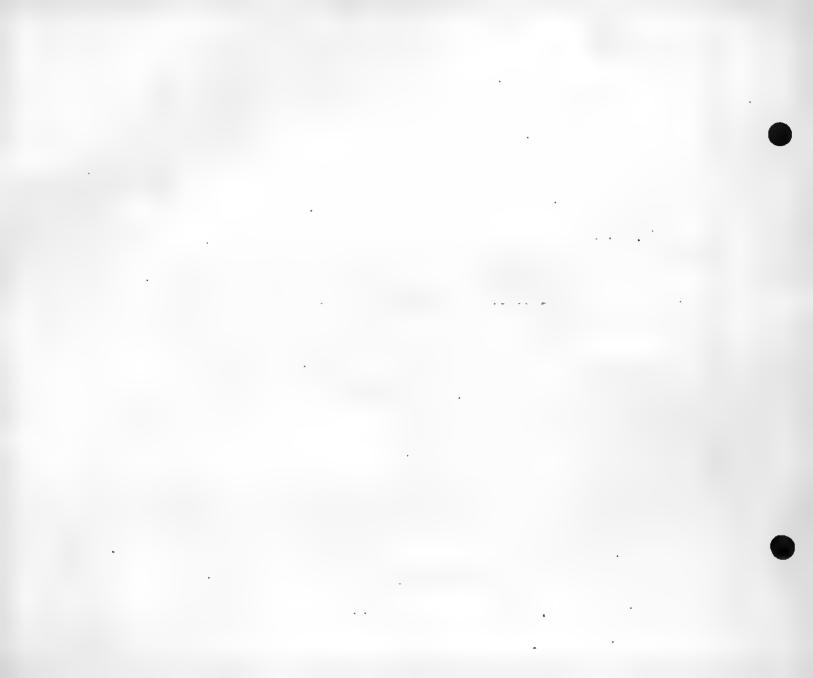
Settle Time	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AADVI AND
: -0:1	07618 CERTIFICATE OF DEATH	37607
hours after death din by the funeral rs. Pages, I and 2? hours after fresh	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: R	tesidence before admission)
e fu	a. COUNTY  WASHINGTON  MARYLAND  a. STATE  MARYLAND  b. COUNTY  W	ASHINGTON '
is after by the Pages, I	b. CITY OR TOWN (if outside corporate limits, c. LENGTH CF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town)	and give nearest town)
nours in by S. Pag	write RURAL and give nearest town) HAGERSTOWN 5 YRS. HAGERSTOWN	5//
4 5 5%	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  642 W. FRANKLIN STREET  642 W. FRANKLIN STREET	ON A FARM?
ithin 2		Day Year
rted within completely we carbon event, with	DECEASED (Type or print) GARNETTA LOUISE MEARS DEATH MAY	29 19 66
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely r use as the burial-transit permit. Then please semove carbon pealth prior to burial, cremation, or removal, and m any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lifunder last birthday) Months WHITE WIDOWED X DIVORCED MAY 4, 1922 44 yrs.	Days Hours Min.
e a e e	10a. USUAL OCCUPATION (Give kind of work done of the done of the line of the l	ITIZEN OF WHAT
icate be e physician n please val, and in	HOMEMAKER OWN HOME WASHINGTON CO., MD.	J.S.A.
ficat physen p	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
eath certifica attending ph ermit. Then in, or removal	ARTHUR C. REYNOLDS KATHERINE BURGER HARDSTOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	. MARYLAND
ath ath mit.	(Yes, no, or unkown) (If yes give war or dates of service)	
the dea	NO   212-14-6240   WILLIAM REYNOLDS 342 S. CANNON   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
that the death co sician. ned by the attent al-transit permit. al, cremation, or r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) as sirchen and asphysica	ONSET AND DEATH
thal sicia gned al-tr	19 DUE TO	
phy phy purification of the price of the pri	Conditions, if any, which gave rise to immediate (b)	
ding ding bee the	cause (a), stating the DUE TO	
OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transited with the State Dept. of Health prior to burial, crem		19. WAS AUTOPSY
or a cate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH STATE OF CONTRIBUTING TO CAUSE OF DEATH STATE OF CONTRIBUTIONS O	PERFORMED?
PHYSICIAN: the hospital this certific detached for	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUP. ED. (Enter nature of injury in Part I or Part II of Item 18 of CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) A large mouthful of spaghetti blocking airs	.)
HYSICIAN he hospita this certificated of Dept. of	I TO WOOD O MANAGEMENT AND AND NEW AND	
Egg # Egg // /	Hour a.m.   While - Not While - factory, street, office bidg., etc.)	unty) (State)
or by the control of		Abot (I) from look
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stafe	21. I certify that (I) (this hospital) attended the deceased from Morel, 1959, to 19 saw the deceased alive on 154 14 1966, and that death occurred at M, from the causes and on the causes and on the causes and on the causes are considered.	
A ATTEN FECTOR 3 Shou	22a. SIGNATURE   // //     22b. 0	ATE SIGNED
	M.D. PHYS. DIRECTOR PHYS. 5/	31/1966
PIT 60°, 10°	NAME (Type)	STOWN, MD.
TO HOS Page TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	
F F "	BURIAL JUNE 1,1966   REST HAVEN CEMETERY   HAGERSTOWN, MAR	YLAND 'S SIGNATURE
VR AI5 (4)	CHARLES M ROUZER HAGERSTOWN, MARYLAND 3 1966 gcharles	
20M 1/65	THE THE PROPERTY LIMITIAN OF A 1000	<del>y</del>



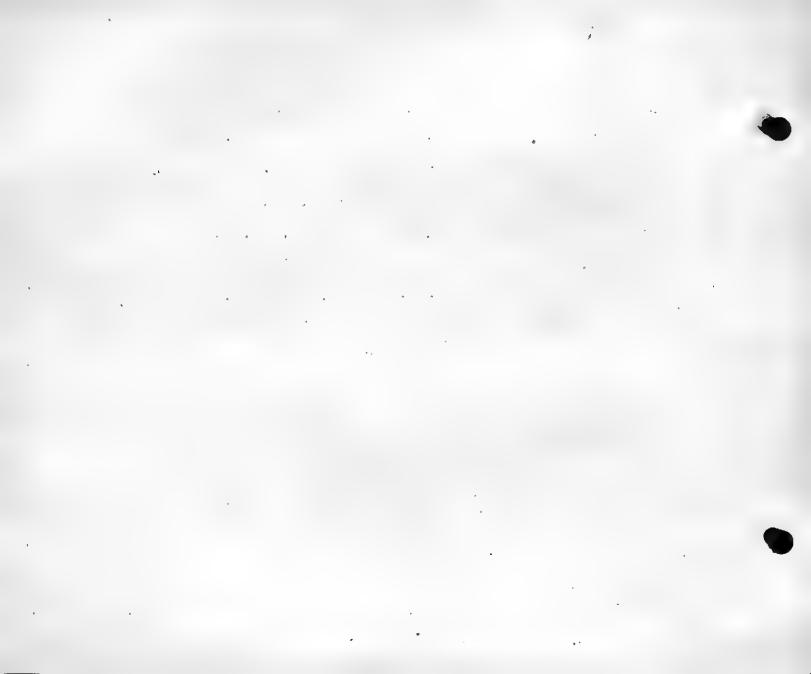
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAY MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits,
Twite RURAL and give mearest town) Maryland Washington
c. CITY DR TOWN (If outside corporete limits, write RURAL end give nearest town) MARYLAND Department after death. C. LENGTH OF STAY IN 1b funer may Hagerstown day Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? State hours Williams Avenue Washington County Hospital ND.K 3. NAME DE First Middle Year Last DATE Month DECEASED 75 F OF Lee DEATH (Type or print) James Mentria May 1966 within 5. SEX DATE OF BIRTH 9. AGE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIEO | NEVER MARRIED [ last birthday) Months | Cays Hours WIOOWED DIVERCED 10/12/12 Male Colored evi and a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mobile. Ala. USA IINKNOWN UNKNOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours Callie Underwood Levi Mentria 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? Address 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service)
Yes
WW 2 Mrs Lucrettia Mill UNKNOWN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I INTERVAL BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: Suspected cirrhosis of the liver; burial-transit IMMEDIATE CAUSE (6) ma nutrition emation, OUE TO Medica Conditions, if env. which (b) gave rise to immediate OUE TO EXAMINER: This certificate should 5 couse (a), stelling the 60 underlying cause lest. used as to burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONCITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONCITION GIVEN IN PART 1(4) 119. PERFORMED? CERTIFICAT YES NO I 20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. or or OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 필등 3 shou agent, MEDICAL (State) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not White should be CTOR: Page designated et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECTOR: death resulted from: Natural, causes X Accident Suicide Homicide Undetermined manner 16/66 YOUF CHIEF MEDICAL EXAMINER execute r. Page 4 22. DATE SICNED ACTUAL ASSISTANT MEDICAL EXAMINER DEPOTY MED SICNATURE 6 for 580 Northern Ave. FUNERAL I please ex director. retained f EXAMINER'S Hagerstown, Howard Weeks Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) RURIAL CREMATION.I 23b. OATE THEREOF 0 REMOVAD (Specify) Oakland Cemetary Mobile. Alabama REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL CIRECTOR ADDRESS Charles VR AISME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the f Pages 1 urs after WASHINGTON MARYLAND WASHINGTON CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yon papers. Page within 72 hours a HAGERSTÖWN HAGERSTOWN Ξ. DAYS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL SUTER AVENUE YES NO X within e j 3. NAME DE First Middle Last 4. DATE Mon th Year Day DECEASED Car (Type or print) EDNA PEARL DEATH MICHAEL 19 66 executed 6. COLOR OR RACE gnove SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours g WIDOWED X FEMALE DIVORCED 23.1898 YES. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician on please r = 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY and LAUNDRESS LAUNDRY WASHINGTON CO. . MARYLAND U.S.A death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then SAMUEL HOSE ELIZABETH SUMAN HAGE TOWN . MD. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the atten t permit. 10 (Yes, no, or unkown) | (If yes give war or dates of service) Il-transit perm MRS. ANNA BELLE NO ARNSBARGER RUAL ROUTE 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). -Encord-Vascular 1 1400m BOSIS in signed I burial-tran burial, cra DUE TO Conditions, If any, which C-V TRS ARTERIOSCLEROTE peen gave rise to immediate as the prior to DUE TO cause (a), stating the Yes ARTERIOSCHOLOSIS underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO-F YES T the hospital 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: detached for 20b. PESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of item 18.) CAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While 19 p.m. at work at work 1965 to 31 MAY 21. I certify that (I) (this hospital) attended the deceased from 15 - 12-2 1964 that (I) (we) last OIRECTOR: Jage 3 should led with the 1966, and that death occurred at 3/AM, from the causes and on the date stated above. saw the deceased alive on 30 IMAY 22a. SIGNATURE 22b. DATE SIGNED page X DIRECTOR 1966 PHYS. PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. O FUNERAL director, p should be NAME (Type) WILLIAM N. FENDER M. D. ST HAGERSTOWN BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) JUNE 2.1966 BROADFORDING CEM WASHINGTON CO. MARYLAND 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR ALS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY by the final Pages 1 urs after c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) ביות מודו חווו MARYLANO b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town) erstown .⊑ e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS ON A FARM? oon pap within NO [ executed within completely carbon NAME OF First Last 4. DATE Month Day Middle DECEASED OF DEATH 15 Tan Sr. (Type or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9 7. MARRIED [ **NEVER MARRIED** last birthday) Months | 'n 7 n WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Uash. Farning Co. Maryland USA Rarmer physic n plea death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph rmit. Then гетома Annie Kate Paddison David 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 4 16. SOCIAL SECURITY NO. of by the attenctransit permit. (Yes, no, or unkewn) (If yes give war or dates of service) Joseph R. CAUSE OF DEATH [Enter only one cause per line for (a), ONSET AND DEATH signed by PART I. CEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Jing Speed Street Speed Street Speed **OUE TO** Cenditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the prior underlying cause last. (c) 88 CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health p PERFORMEO? NO DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING F at work at work p.m. Should I DIRECTOR: A age 3 should lled with the \$ 21. I certify that (I) (this hospital) attended the deceased from (C. that (I) (we) last and that death occurred at 1 & M. from the causes and on the date stated above saw the deceased alive on DATE SIGNEO 22a. SIGNATURE 22b. ATTENDING STAFF director, page should be filed **OJRECTOR** 4 may HOSPITAL FUNERAL 22d. ADDRESS PHYSICIAN'S NAME (Type) (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 2 View Cemetery Carvland 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Williamspott. Albert L. Leaf VR A15 (4) 20M 1/65



M	Division of STATISTICAL RE	SEARCH AND RECORDS,	301 W. PRESTON	F HEALTH STREET, BALTIMOR	E 1. MARYLAND
EDT		CAL EXAMINER'S	CERTIFICATI	OF DEATH	07611
LIFT.	PLACE OF DEATH a. COUNTY Washington	Md. MARYLAND	2. USUAL RESIDENCE  o. STATE  MG.	E (Where deceased lived, If instr b. COUNTY	tution: Residence before edmiss or
	b. City OR TOWN (if outside corporate limits, write RURAL and give neerest fown)	c LENGTH OF STAY IN 16		outside corporata i mits, write RU	RAL and give neerest town
-	Smithsburg d. NAME OF HOSPITAL OR INSTITUTION (if not	1day in hospitel, give street eddress)	Balt;	imore	. IS RESIDENCE
3.	NAME OF DECEASED	Middla	3530 Pari	k Heights Ave.	ON A FARM YES NO
	(Type or print) Elden	William	Moser	OF DEATH May	4 166
5.	_		pt.18 1914		nths Deys Hours Min.
10. de	a. USUAL OCCUPATION (Give kind of work 1 one during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	11 B.RTHPLACE (State or		12 CITIZEN OF WHAT COUNTRY
13.	Clerk FATHER'S NAME	Gro. Store	Wolfsvil		
	Hubert Moser		Della	Coss	
15. (Yi	A	16. SOC.AL SECURITY NO 1 17. 17. 21. 213-18-9311		Address	Md.
	18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), end (c).]			INTERVAL BETWEEN
	ff "1 - A	teriosclerotic Hea	art Disease		Several years
	Carditions, if any, which \ (b) C]	nronic Alcoholism			
	(a), staling the underlying DUE TO	A COLLO MICOROLLEGIA			
z	PART II OTHER SIGNIF, CANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	DISEASE CONDITION COVEN IN	I BARTAL AND
CATIO		***************************************	NEW TO THE TERMINA	E MILAGE CONDITION GIVEN II	PERFORMED?
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURED, [EM	ter nature of injury in Part I i	or Part II of tem 18 )	113 FT 140 (T
MEDICAL	Hour a.m.	20d. INJURY OCCURRED 20e PLAC While Not While fector twork etwork	E OF INJURY (Home, ferm, y, street, office bldg., atc.)	201. (City or town)	(County) (Stata)
	21. I certify that I took charge of the	remains described above, held	I an Autopsy , In:	spection X. Inquiry	, and in my opinion
	death resulted from. Natural causes	Accident Su cid		, Undetermined mann	er [
	ACTUAL ( Sel)	1 1	CHIEF MEDICAL EXA		
	SIGNATURE CXAMINER'S	f	_ M D ASSISTANT MEDICAL EX		-6-65
7 220	NAME (Type) Dr. E. W. Ditto	JD.  22c. NAME OF CEMETERY OR C	Address (Street, city	town, or county) Hagers	town. Md.
124	REMOVAL (Specify) Burial May 7 1966	Cavetown Refor	122	d. LOCATION (Criy, 16% n, or c	ountry) (State)
				LAST MORE LATINGTO	
23.	FUNERAL DIRECTOR	ADDRESS			Md.



-0,-	1	MARYLAND STATE DEPARTMENT OF HEALTH
		07623 CERTIFICATE OF DEATH 07612
	24 nours anter deam. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY a. STATE
	fin by the first. Pages 1. hours after	Washington MARYLAND Maryland Washington
	fs arter by the Pages 1 urs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENCTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d in trs. F	Rural Hagerstown 23 days  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
		Clearview Nursing Home 250 Avon Road YES NO R
	and steely min	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF
	Carl Carl	(Type or print) Dorothy Laura Myers DEATH May 18 1966
•	aw requires that the death certificate be executed within thending physician. Her been signed by the attending physician and completely as the burial-transit permit. Then please remove carbon prior to burial, cremation, or removal, and in any event with	5. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Genale White WIDOWED COLORED Aug. 7. 1886 9. ACE (In year's IFUNDER 1 YEAR   IFUNDER 1 YEAR
	in ar	10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	requires that the death certificate be eding physician. been signed by the attending physician if the burial-transit permit. Then please is to burial, cremation, or removal, and in	during most of working life, even if retired) INDUSTRY Own Home Janeytown, Md. USA
	ricat phy en p	13. FATHER'S NAME
•	remine remine	George A. Shoemaker  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
:	atte atter , or ,	(Yes, no, or unkown)   (If yes give war or dates of service)
-	the de	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]
	an. by by ansii	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chemoraloga Cutescaelarasis ONSET AND DEATH
-	tha rsicia gned gned ial-tr ial, c	DUE TO
	s physical property of the point of the poin	Conditions, If any, which (b)
	nding bee the	cause (a), stating the DUE TO underlying cause last.
	The law or attender attender has as a	
	N: The la tal or att lificate hi for use f Health p	YES NO
	PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by detached for use as the burial-tran e Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COURTED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING COURTED. (Enter nature of injury in Part I or Part II of Item 18.)
	PHYSI the ho this detach detach e Dept	
	2 0 0 d	Soc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.)   Phone a.m.   While   Not While   at work   at work
		21. I certify that (I) (this hospital) attended the deceased from //-/-, 1965, to 2004, 18, 1966, that (I) (we) last
	ATTEND retained ECTOR: A 3 should with the	saw the deseased alive on May 19 66, and that death occurred at M, from the causes and on the date stated above.
	AL OR hay be AL DIRE page 3 page 3 filed v	M.O. ATTENDING DIRECTOR DIRECT
	may may start. Start. Se fill the fill	22c. PHYSICIAN'S 2 1 20   22d. ADDRESS /37 W. Washington
	O HOSPITAL OR ATTENDING Page 4 may be retained O FUNERAL DIRECTOR: Air director, page 3 should should be filed with the S	Hagerstown, 171d
	2 2 2 3	REMOVAL (Specify) 5/21/66 P
	2	24. FUNERAL DIRECTOR () Le C. Hors + ADDRESS 254. REC'D BY RECISTRAR'S SIGNATURE MAY 20 1966 (Charles Judge)
	VR #15 (4) 20M 1/65	Rest Haven General Chapel Hagerstown, Md. MAY 20 1966 Schapes Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21207 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. by the funeral deam PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY WASHINGTON hours after **MARYLAND** MARYLAND WASHINGTON b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YEARS RURAL HANGOCK RURAL HAGERSTOWN O YEAR
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) filled in I d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 77 GATEWAY CONVALESCENT HOME RURAL HANCOCK YES NO X 3 NAME OF Middle Eirst Lost 4. DATE Month Yeor and campletely DECEASED (Type or print) TALCOTT ELIASON DEATH NORRIS 19 66 MAY S SEX 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED DATE OF BIRTH remove Jost birthday) Davs Hours in any ( MALE WHITE WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? W. MD. RAILROAD WASHINGTON . MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM AMBROSE NORRIS CAROLINE ROBERTS or rem signed by the attending bunal-tronsit permit. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dates of service) WILLIAM NORRIS RED #1. HANCOCK, MD. NO crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) )
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH ARTERIOSCUEROSIS C SPER RAL IMMEDIATE CAUSE (o) physician. DUE TO YRY Conditions, if ony, which gove A RTERIOSCIBROSIS GÉTE nse to immediate cause (o), **DUE TO** attending p stoting the underlying couse as the this certificate has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO. ξū 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) the hospital of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After ot work þe 21. I certify that (1) (this haspital) attended the deceased fram 32444 1965, that (I) (we) last , 1963 to & WAY be retained plnous saw the deceased follow an 5 101 m. 19 66, and that death accurred at 6 1/2 M, fram causes and an the date stated above. 22a SIGNATURE 22b DATE SIGNED 3 M.D. PHYS. DIRECTOR be filed 10 22c PHYSICIAN'S ADDRESS Page 4 may NAME (Type) - EMDER M. Porome HE STETTLE DAT director, should be 23o. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) MARYLAND 12/66 ALLEGANY CO BURIA -24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 3 1966



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before admission COUNTY MARYLAND c. CITY OR TOWN (if outside corporete him ts, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate lim ts. c. LENGTH OF STAY N 16 HEREIS TOWN Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (Finot in hospital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? 316 W. Washington 3 6 Pevan sire Pa J 3. NAME OF (Type or print) 19 66 , 9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months DIVORCED TO toler 17, 1875 89 10b. KIND OF BUS, NESS OR INDUSTRY 11. BIRTHPLACE (County & State, or for sign country) | 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Col H-g. Tash. Co, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ephrain Orcut Barbara A. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 219-20-438 Ers. Puline Kipe 336 Davershipe Road 18. CAUSE OF DEATH [Enter on y one cause per line for ,e), (b), and (c). Harris Cr. oto Ti , and Ty Land ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic Cardio Vascular Disease 5 years DUE TO (b) Senility Conditions, if eny, which geve rise to immediate cause DUE TO (e), sleting the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 2De ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home farm, ' 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Year While Not While factory, street, office bldg., etc.) Hour e.m. 21. I certify that (I) (this hospital) attended the deceased from 3-31- 1966 to 5-2- 1966, that (I) (we) last 22b. DATE 22e. SIGNATURE SIGNED D RECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. E. W. Ditto. 215 W. Washington St., Hagerstown, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Lav 5. 1966 Rose Hill Cenetery wal. jo, wattland Luria 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Coffman Haperstown, Md. 15M 9/60

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1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
s after death.  by the funeral Pages 1 and 2 trs after death.	1. PLACE OF DEATH a. CDUNTY  Lack of DEATH a. CDUNTY  B. COUNTY  B. COUNTY  B. COUNTY  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 hour filled in apers. In 72 hour	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  135 July Cent.  VES NOW
e executed within 24 an and completely fill sea, emove carbon parting any event, within	3. NAME OF DECEASED CTYPE OF PINT.  SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED Oct. 18, 100 Months Day Year DEATH No. 2 19' / Months Day Year DEATH No. 2 19' / Months Day Year DEATH No. 2 19' / Months Death No. 2 19' / Months Day Hours Min.  10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. Kind of Business OR UNDUSTRY Own home Antrim Typ. Franklin Co.Pa. U 1
death certificate be en e attending physician a permit. Then pleased ion, or removal, and in	Housevife Cwn home Antrim Twp. Franklin Co. Pa. U. 13. FATHER'S NAME  George Stickel  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no, or unknown) (If yes give war or dates of service)  19. Ceo. T. Pike Harman Trup. Franklin Co. Pa. U. 14.
e law requires that the rattending physiciam te has been signed by tise as the burial-fransitith prior to burial, cremat	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  HMMEDIATE CAUSE (a) Auricular, followed by ventricular fibrillation  Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  INTERVAL BETWEEN DINET AND DEATH 1. HOTEL
JING PHYSICIAN: The bospital on After this certifical dibe detached for the State Dept. of Hea	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m.
TO HOSPITAL OR ATTENDING PHYSICIAL Page 4 may be retained by the hospi TO FUNERAL DIRECTOR: After this cert director, page 3 should be detached should be filed with the State Dept. of	21. I certify that (I) (this hospital) attended the deceased from April 30 , 1966, to 1973, that (I) (we) last saw the deceased alive on 19 , and that death occurred at 10:1M, from the causes and on the date stated above.  22a. SIGNATURE  ATTENDING MED. PHYS. DIRECTOR STAFF DIRECTOR PHYS. DIRECTOR 22d. ADDRESS OF PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. PHY
VR ALS (4) 20M 1/65	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (state)  REMOVAL (specify) 1/7/6 Maccolo 12 C' 12ch Comp only Nr. Greencastle Penna.  24. FUNERAL DIRECTOR (City, town or county) (state)  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  Toot Voice Fundal C'appel 112 32d 53d. 1d. DMAY 6 1966 (Clearles Judge)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before Idmission) PLACE OF DEATH a. COUNTY WASHINGTON b. COUNTY WASHINGTON hours after MARYI AND b. CITY DR TDWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Š while Allings endrapyengerest town) YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL INDIAN COTTAGE RD. 100 pap in 7 NO X withi The law requires that the death certificate be executed within completely carbon 3. NAME DE Middle Month DECEASED MAY 14 1966 (Type or print) PLANTE DEATH MAR TE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH алоша. 7. MARRIED T NEVER MARRIED FEMALE WILLE | WILLE | WILLIE WIDDWED DIVORCED | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! HOME RUSSTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN EMICEDIRIS ILOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. NO RAMICK PLANTE MD. 156-09-3321 MR 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TD cause (a), stating the as th underlying cause last. CERTIFICATION **WAS AUTOPSY** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES MO L 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) FUNERAL DIRECTOR: After the irector, page 3 should be det nould be filed with the State D factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from to\_\_\_ and that death occurred at 2.2.4.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. ISIGNATURE STAFF DIRECTOR PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Martin Donald . Potomac St NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION,  $\mathtt{MD}$  . HAGERSTOWN REST HAVEN ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07628 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and PLACE OF DEATH Washington b COUNTY Washington a. COUNTY a STATE Marvland MARYLAND papers. Pages nin 72 haurs aft b CITY OR TOWN (If outside carporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstonwn 78yrs. Hagerstown d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Washington Co. Hospital 1341 Jefferson Blvd. NO A YES 🗍 3 NAME OF Middle First 4 DATE Month Last Year OECEASED (Type or print) ANNIE ELIZABETH PLUMMER May 20 1966 DEATH Nov. 2 IF UNDER FYEAR S SEX 6 COLOR OR RACE NEVER MARRIED AGE (In years IF UNDER 24 HRS. 7. MARRIED 1887 Female White birthdoy) WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & Store, or foreign country) Dept. during most of warking life, even if retired)
General COUNTRY? Store Bridgeport, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaya Frederich H. Plummer Fannie Craley 15 WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, 49, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO INFORMANT Address Miss Jeannette Plummer, Hagerstown Md. none burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) ) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: 5 days BEATH Cerebral hemorrhage IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician DUE TO Hypertensive vascular disease, arteriosclerotic Canditions, if any, which gave rise to immediate couse (a). Indefinite DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (State) Haur o.m foctory, street, office bldg , etc.) While 21. I certify that (I) (this haspital) attended the deceased fram May 15 saw the deceased glive an May 19 19 66, and that death accuracy. 19 00 19 OGhat (I) (we) last Pia V 20 19 66, and that death accurred at M, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED ATTENDING 5/20/66 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S West Washington St. B. Kneisley NAME (Type) Hagerstown 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d\_LOCATION (City or Town) 23h DATE THEREOF (Stote) Hagerstown REMOVAL (Specify) Rose Burial 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 [4] Minnich Funeral Home, Hagerstown, Md. 20 M 1/66



1 ,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- Ford )	07629 CERTIFICATE OF DEATH 07618
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY WASHINGTON  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTYWASHINGTON
hours after d in by the fr. Pages 1 i hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  1601 VIRGINIA AVE.  d. STREET ADDRESS  1601 VIRGINIA AVE.
executed within and completely remove carbon any event, with	3. NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) JOHN WALTER POMPELL DF MAY 21 19 66
xecuted and con emove	5. SEX 6. COLOR OR RACE 7. MARRIST NEVER MARRIED 8. DATE DE BIRTH 5/27/1903 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Days   Hours   Min.
executive by executive physician and physici	10a. USUAL OCCUPATION (Give kind of work done of the country) 12. CITIZEN OF WHAT COUNTRY?  RETIRED FINISHER SILK EIBBON CO. MARYLAND  12. CITIZEN OF WHAT COUNTRY?  A. COUNTRY?  COUNTRY?  A. COUNTRY?
# E E = #	13. FATHER'S NAME ROBERT POMPELL 14. MOTHER'S MAIDEN NAME BESSIE WILKINSON
<b>□</b> □ .	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address AGERS TOWN (Yes, no, or unknown) (If yes give war or dates of service) 214-09-3162 MRS. PAULINE POMPELL MD.
requires that the death ding physician. been signed by the atte the burial-transit permit or to burial, cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
ires that the physician. In signed by the burial-transit	Conditions, if any, which   DUE TO Pulthonony Surflugema = Ithoris - Quenthes
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TD  Own clust Affinan  Months—
CLAN: The law ospital or atten certificate has hed for use as t. of Health pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONT
PHYSICIAN: the hospital this certific detached for	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)    Contributing   Cause of Death (If Either, Notify Medical Examiner)
	20c. TIME DF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   4 work   20f. (City or town)   20f. (City or t
ATTENDING P retained by t CTOR: After should be o	21. I certify that (I)-(this hospital) attended the deceased from Clare, 1976, to the deceased alive on the date stated above.  21. I certify that (I)-(this hospital) attended the deceased from Clare, 1976, to the date of the date stated above.
DR De	220. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  M.D. PHYS. DIRECTOR PHYS. 5/23/06
O HOSPITAL Page 4 may O FUNERAL I director, pag	22d. ADDRESS  Physician's/ NAME (Type)  Philip J. Hirshman, M.D.  22d. ADDRESS  159 W. Washington St., Hagerstown, Md.
Page Page 10 FUI direc	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
8	BURTAL 5/24/66 REST HAVEN CEM. HAGERSTOWN MD.  24, FUNERAL DIRECTOR  ADDRESS  AMY 2.5 1966  Clearles Judge  MAY 2.5 1966
VR A15 (4) ) 20M 1/65	In the ment trademonent that the love of

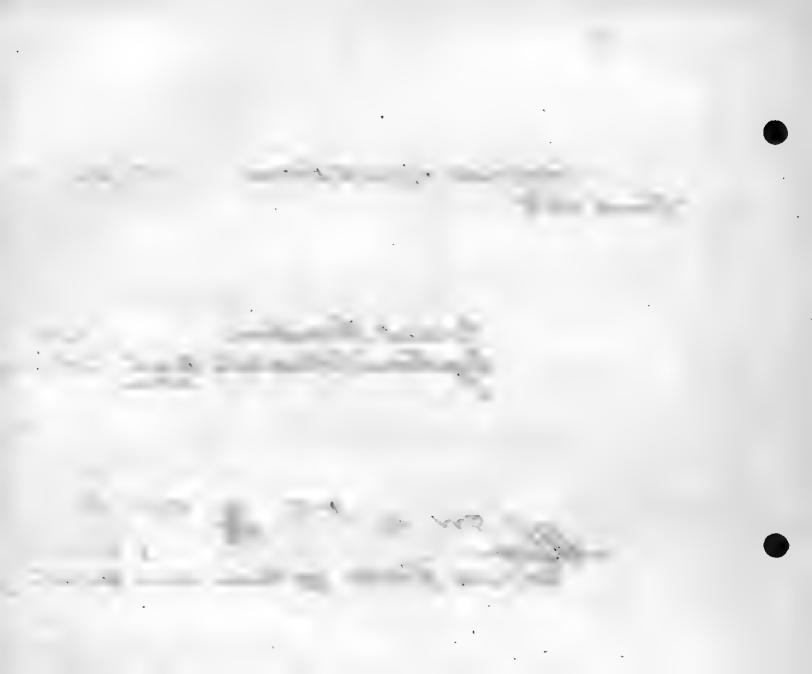


20M 1/65

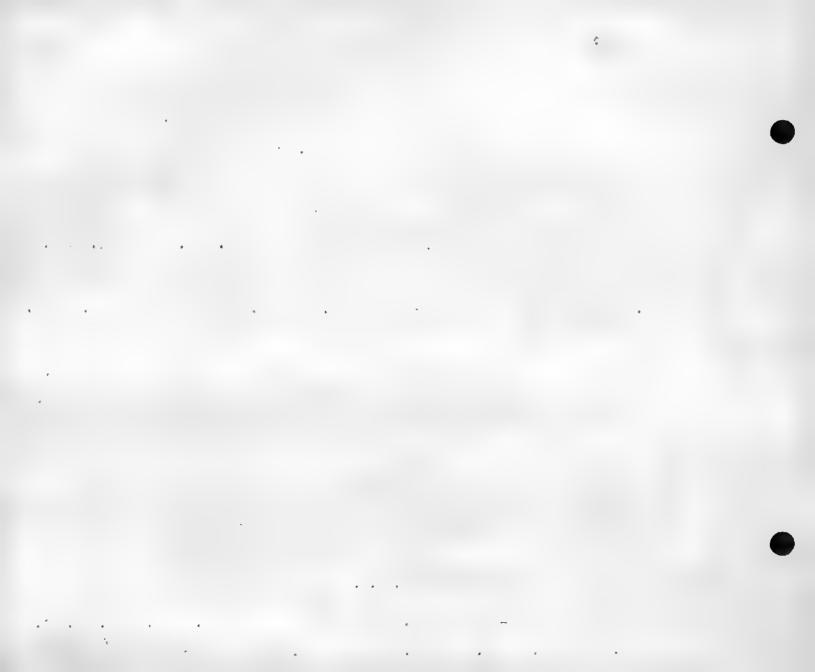




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH DE STAY IN 1h c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within NO D YES etely NAME DE Mizidle 4. DATE Month Day DECEASED 펿 (Type or print) DEATH SEX 6. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE remove last birthday) Months Days Hours WIDOWED I DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR LL. BIRTAPLACE (County & State, or foreign country) ician 12. CITIZEN OF WHAT ease and in during most of working life, even it retired) COUNTRY? death certificate ᆲ removaľ. FATHER'S NAME attending armit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES transit permit. cremation, or r 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) the CAUSE OF DEATH [ Enter only one cause per line for (a) INTERVAL BETWEEN (b). been signed by the burial-transit or to burial, crems CHISET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 93 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PHYSICIAN: The certificate PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) detached for the Dept. of 1 MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While fter at work p.m. at work retained should ith the o 19/0 6 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the saw the deceased alive on and that death occurred at SKM: from the causes and on the date stated above. 22a. SICNATURE DATE SIGNED 22b. page ATTENDING PHYS. PHYS. M.D. DIRECTOR Page 4 may HOSPITAL FUNERAL 22c. PHYSICIAN 22d. ADDRES director, p should be NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 FUNERAL DIRECTOR REC'D BY RECISTRAR I REGISTRAR'S SICNATURE 25a. 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 27633 death. The low requires that the death certificate be executed within 24 hours after death. impletely filted in by the funeral ve carbon papers Pages I and event, within 72 haurs after deatl 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) g (OUNTY Washington a. STATE Washington Maryland MARYLAND c CITY OR TOWN (If autside carparate firmits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 4 Days Rural Boonsboro Rfd. 2 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital Mt. Lena NO X YES 3. NAME OF Middle Last 4 DATE Manth Day Year DECEASED 66 Anna Louise Renner May 10, 19 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX B DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** dve ast birthday) Months Female White April 12, 1878 WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? physicial the please Store Keeper INDUSTRY Frederick Co., Md. Grocery 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Henry Kephart Frances Younkins IS WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates at service) Mrs. Ethel B. Needy Boonsboro Rfd. 2, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit popurial, crematic ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) \_Uremia the haspital ar attending physician. DUE TO Canditians, if any, which gave Nephrosclerosis 2 vrs rise to immediate cause (a), DUE TO stating the underlying couse os the Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been Generalized arteriosclerosis 10 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? use Diverticulosis of colon NO X far 20g. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, affice bldg , etc.) at work at wark . 19.62 . ta 5-10, 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 9 - 1319 66, and that death accurred at 10aM, from causes and on the date stated above saw the deceased alive an 220 -SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS 5-11-66 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Smithsburg, Maryland NAME (Type) Charles F. Hess, M.D. director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION, PEMOVAL (Specify) 5- 12- 66 Mt. Lena Cemeterv Mt. Lena. Wash. Co. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DMAY 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAY MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, II Institution: Residence before admission) b. COUNTY Maryland Washington Washington MARYLAND Department after death. b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) funera may t write RURAL and give neerest town) vears rural Hagerstown rural Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours a Rd # NO I NAME OF Middle Last DATE Month Year DECEASED (Type or print) DEATH Douglas Michael Repp 66 May 19 2 with within 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS ages last birthdey) Months | Deys Hours 15 white DIVORCED [ male and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give INDUSTRY high school Hagerstown, Md. student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours Harry D. Repp. Jr. Bernadine Brown in pencil in Item xaminer's Office 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (II yes give war or dates of service) Harry D. Repp. Jr. Hagerstown, Md. EXAMINER: This certificate should be executed within none 130 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL DETWEEN ONSET AND DEATH burial-transit per cremation, or p PART I, DEATH WAS CAUSED BY: Fractured skull IMMEDIATE CAUSE (e) Sudden DUE TO Conditions, if any, which (b) geve rise to immediate DUE TO cause (a), stating the 60 underlying cause lest. used as to burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO X YES [ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of injury in Pert 1 or Part 1) of Item 18.) 3 should tagent, price was killed instantly when car hit culvert MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) (County) 20c. TIME OF INJUST (State) factory, street, office bldg., etc.) 19 66 et work at work Washington Md . Highway-Rt. 4 should be the certin 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection X. and in my opinion Inquiry . please execute the cer director. Page 4 should retained for your files. death resulted from: Natural causes Accident X. Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 DEPUTY MEDICAL EXAMINER X 580 Northern Ave. **EXAMINER'S** Howard N. Weeks. M.D. Address (Street, city, town, or county Hagerstown, Md NAME (Type) burial (Specify) 5/16/66 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery Hagerstown, Md. 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melanley FUNERAL HOME Hagerstown, Md , pa MA VR A15ME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07635 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death ly filled in by the funeral on papers. Pages 1 and 2 within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Maryland Washington MARYLAND b CITY OR TOWN (If autside corporate limits, LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Funkstown Hagerstown weeks d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Baltimore Street 67 209 Manse Road YES NO [ 3 NAME OF Middle Lost DATE Day Year DECEASED CHARLOTTE MAE RITTER 16 Mav (Type or print) DEATH IF UNDER TYEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIFO DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Manths Doys Hours femalc white WIDOWED DIVORCED signed by the attending physician and burial-transit permit. Then please rem 100, USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY coole resturant Washington Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya Beulah Henry Ralph Ritter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na or unknown) (If yes give war or dates of service) 214-28-6177 Ralph Ritter Hagerstown, Md. burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause Toge a find to DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the chand he filed with the State Dept. of Health prior tall last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not While 1965, to may 12 2). I certify that (1) (this haspital) attended the deceased fram bee 10 19 6 9 and that death occurred at 6 P. M. from causes and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DUENSTEIN STUWN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR AL, CREMATION (County) (State) 5/18/66 Green Hill Cemetery Waynesboro. Penna. **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hagerstown, Md. MINNICH FUNERAL HOME



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death. Completely filled in by the funeral ave carban papers. Pages 1 and y event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a. STATE b. COUNTY Washington Wash. MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits c LENGTH OF STAY IN 1h write RURAL and give nearest lawn) years rura1 Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? RFD 2 Washington County Hospital YES NO 🛣 3 NAME OF Middre Last 4 DATE First Year Day DECEASED MARY CATHERINE ROBINSON 21 May 19 66 Type or print DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** birthday) Manths Hours female white June 19,1917 WIDOWED DIVORCED and in ony signed by the attending physician build-transit parmit. Then please the 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT resturant Mercersburg, Pa. The law requires that the death certificate 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Robert Timmons Irane Saunders 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) [(If yes give war or dates of service) John Robinson, Hagerstown, 215-20-956\$ burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (g) Page 4 may be retained by the haspital ar attending physician DUE TO Artensiosclerosic Canditions, if any, which gove 2 1. Chra rise to immediate cause (a). r this certificate hos been si detached far use as the b te Dept. of Health priar ta b DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Diabeter Mellitu J NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour o.m. foctory, street, affice bldg., etc.) Not While at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. to 19\_\_\_\_, that (I) (we) last shauld 1966, and that death occurred at 2:35AM, from couses and on the date stated above. saw the deceased olive on May 21 220. SIGNATURE 22b. DATE SIGNED r, page 3 be filed MD. DIRECTOR PHYS 22d. ADDRESS 145 S. Prospect Street Charles C. Spencer, M. D. NAME (Type) Hagerstown, Maryland directar, should be 23d LOCATION (City or Town) 23b DATE THEREOF 23o. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (State) 5-24-66 Rose Hill Cemetery Hagerstown, Md. 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Minnich Funeral Home, Hagerstown, Md. DAMA



Lan	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
The same of the sa	i =2:	CERTIFICATE OF DEATH 37626
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY  WASHINGTON  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN  ACCURTY  WASHINGTON  MARYLAND  C. LENGTH GF STAY IN 1b  TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  RURAL HAGERSTOWN
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  WOODSIDE DRIVE  YES \[ \begin{array}{cccccccccccccccccccccccccccccccccccc
∢	completely vy carbon per carbon p	3. NAME OF DECEASED (Type or print) PASQUALE N.M.N. ROMUALDI DEATH MAY 18 19 66  5. SEX 6. COLOR OR RACE 7. MARRIED TO STATE MARRIED TO STATE OF BIRTH 19. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
	and co	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   MALE   WHITE   WIDOWED   DIVORCED   JAN 29,1893   73 yrs.   10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	icate be e physician n please r	during most of working life, even if retired)  NDUSTRY  BAKER  FOOD MANUF.  TTALY  U.S.A.  13. FATHER'S NAME
	ne death certifica the attending phist permit. Then nation, or removal	UNKNOWN UNKNOWN
		NO 176-03-0642 MARY PARIS R.D.# 3 HAGERSTOWN MD.
	quires that the physician. Signed by en signed by e burial-trans to burial, crer	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  YOUR TO  Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO  DU
	The law if or attenticate has or use as tealth prior	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO. OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	tate in a	County   C
•	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Star	21. I certify that (I) (this hospital) attended the deceased from 7 , 19 ke, to 7 kg, 19 ke, that (I) (ms) last saw the deceased alive on 19 kg, and that death occurred at 19 kg, from the causes and on the date stated above.  228. SIGNATURE  M.D. ATTENDING MED. DIRECTOR PHYS. 5/18/1966
	HOSPITAL age 4 mag FUNERAL irector, pa	22c. PHYSICIAN'S NAME (Type) WILLIAM N. FENDER M.D. 218 N. POTOMAC ST. HAGERSTOWN, MD.
	TO HOS Page 4 TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) MAY 18,1966 ST. RITA CEMETERY CONNELLSVILLE, PENNA, ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	Gracles In Xaugen HAGERSTOWN, MARYLAND 1041AY 23 1966 golorles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07638 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. ond letely filled in by the funeral arban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Washington Maryland Washington MARYLAND b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) wate RLRAL and give rearest town)
Hagerstown an papers. Pag within 72 haurs 1 year Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Garlock Convalesent Home 823 Spruce St. YES I NO [ 3 NAME OF First Middle Last 4 DATE Month Day DECEASED AMOS RAY RUTH (Type or print) May 66 DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and rom last birthday) Months Davs Haurs male white 6/6/86 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in refrigeratiomfg. Roxburg, Md. the attending physician on the sit permit. Then please during most of working life, even if retired)
SUPERVISOR COUNTRY? 13. FATHER'S NAME or remayal. William Ruth Mary Sprecher 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address 214-09-1558 Mrs. Jane Domenici Hagerstown, Md no crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebral Thrombosis months ò physician. signed t burial Conditions, if any, which gave (b) Arteriosclerotic Cardio Vascular Disease 2 years rise ta immediate cause (a), DUE TO stoting the underlying cause Page 4 may be retained by the haspital ar attending been as the prior tal last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0) 19 WAS AUTOPSY PERFORMED? of far use of Health r this certificate h NO 1 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased from April 15, 19.66, ta May 23, 19.66, that (1) (we) last saw the deceased alive an May 23, 19.66, and that death accurred april 30PM, from causes and an the date stated above. , 19.56, that (I) (we) last TO FUNERAL DIRECTOR: Aft director, page 3 shauld be should be filed with the Si 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** -2L-66 M.D. DIRECTOR PHYS. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Ditto. Hagerstown. Md. 23g. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 5/26/66 Rose Hill Cemetery Hagerstown AY 26 196 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 1966 FUNERAL HOME Hagerstown. Md



by a funeral director, it is should be filed with er death. Page pup completely filled in to paped. Pages I and jours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 har he haspital ar attending physician.

It After this certificate has been signed by the attending physician and tached far use as the burial-transit permit. Then please remaye curban is all he prior to burial, cremation, ar remayul, and in any event, within 72 hé TO FUNERAL DIRI page 3 shauld be the State Board of TO HOSPITAL OR

VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

1	1 PLACE OF DEATH  O. COUNTY  THE CONTROL OF THE CON					2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) Cfear Spring (East) COUNTWASHINGTON							
-	Washington MARYLAND  b CITY OR TOWN (if autside corporate limits, write c. LENGTH OF STAY IN 1b												
	RURAL and give neare	itside corporate limits, write ist town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	Willia		day	s Raral Clear Spring //									
	OR INSTITUTION	(If not in hospital, give street	oddress)	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?									
L		roodytøød Chu	rch Home		2750	Va. A	ve.	Will	iams	port		NO 🔲	
3.	NAME OF DECEASED	First	Middle		Le	ist	4. DATE OF		Month		Day	Year	
	(Type or print) Mar	y Ida	Sei	ber	t		DEATH	1	May	7		1966	
\$	SEX 6.	COLOR OR RACE 7. MARE	RIED NEVER MARRIE	D 🔲 8	DATE OF BIR	TH		9. AGE (In last birth		FUNDER 1 YE.			
	Female	white wow	DIVORCED		7-29-	1886		79	yrs.	Months Doy	Haurs	Min.	
10	a. USUAL OCCUPATION	Give kind of wark done 10b.	KIND OF BUSINESS OF	R INDUST	TRY 11 BIRTH	PLACE (State of	or foreign c	ountry)		12. CITIZEN	OF WHAT	COUNTRY?	
	HOUSEW11	8	Maryland Washington										
13	FATHER'S NAME	-			14. MOTHER	S MAIDEN N	AME						
	Charles Frederick Sowers Elizabeth Heller												
15		U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17 INI	ORMANT				Addres	is			
Ľ	no	s. give war or outes of service	none	Mr	s Mark	G. V	Vagne	r	2 <b>750</b>	Va.	Ave.	Wmpt	
	18. CAUSE OF DEATH	[Enter only one couse per li	ne for (o), (b), and (c).]		,					11	TERVAL B	ETWEEN	
	PART I. DEATH WAS CAUSED BY: [ STETALIZED AND DEATH IMMEDIATE CAUSE (0) [ STETALIZED AND DEATH												
	4.Y	DUE TO				at 1 alast at at 12			glatina e malia dia at-				
	Conditions, if any,	which) (1) A	deno CA	of.	Rock	to e	. 3376	1			1	110	
	gave rise to imm	COLOIS DIE TO	71			1.5.50.1.	7	-1-7					
	cous (a), storing the under-												
Z	/ (6)												
CERTIFICATION												ORMED?	
18	200 ACCIDENT WAS L	INDERLYING   206. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature	of injury in P	ort I or Por	t II of item	1B.)				
l all	OR CONTRIBUTING	CAUSE OF DEATH DICAL EXAMINER)											
18	20c. TIME OF INJURY	Month, Day, Year 20d, II	NJURY OCCURRED	20e. PLA	CE OF INJURY	(Hame, farm,	20f. (Cib	y or tawn)		(Count	γ}	(Stole)	
WEDICAL	Hour a.m.	While at wor	Not while	fact	ory, street, offi	ce bldg., etc.	)			,			
2		-			h n+		<u> </u>			/			
	21 I certify that (I) (this haspital) attended the deceased fram 2-28 1966 to 5-7, 1966 that (I) (we) last												
	saw the deceased alive an 1960, and that death accurred at 2 M, from the causes and an the date stated above.												
	220 SIGNATURE	1 1P V	1		ATTENDI		D _	STAFF .			100	26 DATE SIGNED	
	22c PHYSICIANI'S	Rest!	courad	<i>N</i>	D. PHYS		RECTOR L	PHYS	1		9 -	7-66	
	Pr. Robert P. Conrad Hagy Tstrue 77 777d.												
						_/_//		TULL 7	1	1161			
23	PEMOYAL (Specify)	23b. DATE THEREOF	Lee's Fu		al Hom			TION (City,			(Sto	ofe)	
1		2/7/00		ner,	ar nom			shing					
24	FUNERAL DIRECTOR'S S		ADDRESS			LAAAV	BY REGIST	966 25E	Chi	RAR'S SIGNY	udge		
	ROWLand F	uneral Home	Clear	opr	ing Md	DAME)	TT	000		1	a		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07640 CERTIFICATE OF DEATH 24 hours after death. death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 apd 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE COUNTY Washington Marvland papers. Pages 1 hin 72 hours after MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wate RURA, and give nearest town) Hagerstown vear d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) Colonial Reeder Nursing Home YES | NO PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Last Month Dov Year DECEASED **JACOB** BENJAMIN SHANK 19 1966 May (Type or print DEATH AGE (In years IF JNDER 1 YEAR LIF UNDER 24 HRS. SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy) Months Hours Dovs 1/13/90 male white WIDOWED DIVORCED and in any 10a US\_AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working rife, even if retired) INDUSTRY. barber shop Hagerstown, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, David Shank Clara Miller IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 217-18-7372 Mrs. Mary Shank Hagerstown no crematian, IB. CAUSE OF DEATH (Enter only one couse per line for (1); (b), and (c)
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (o) .. signed by Page 4 may be retained by the haspital or attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse as the priar to b O FUNERAL DIRICTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use of Health NO far 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER with the State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this hospital) attended the deceased fram A should 1906 and that death accurred at. M, from causes and on the date stated above. saw the deceased alive and 22b DAZE SIGNED 22o. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. directar, page 3 shauld be filed filed PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMAT ON (County) (Stote) REMOVAL(Specty) 5/21/66 Miller's Church Cem. Leitersburg **ADDRESS** REC'D BY REGISTRAR AY 23 196 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 MINNICH FUNERAL HOME Hagerstown. Mo



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death/ 24 hours after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY B. STATE b. COUNTY and completely filled in by the 1 emove carbon papers. Pages 1 any event, within 72 hours after WASHINGTON MARYLAND MARYLAND WASHTNGTON b. CITY OR TOWN (if outside corporate limits. c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
HAGERSTOWN 3YRS. 6 MOS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? JACKSON CONV. HOME 539 REYNOLDS YES NO Z AVENUE within 3. NAME DE DATE Middle Last Month Day Year DECEASED (Typa or print) SARAH DEATH 19 66 ELLIOTT SHAW executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED TY last birthday) | Months | Days Hours and FEMALE JULY 10,1870 WIDOWED | DIVORCED 95 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT ician Ð during most of working life, even if retired) INDUSTRY COUNTRY? OWNER MILLINERY SHOP ALLEGANY CO.. MARYLAND U.S.A law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY C. SHAW been signed by the attendin the burial-transit permit. The property of the permit of t MARY E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGMASTOWN, MARYLAND (Yes, no, or unknown) (If yes give war or dates of service) NONE WALTER S REYNOLDS AVE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 70 dave or attending physician. Repeated Lembrahage from IMMEDIATE CAUSE (a)\_ 571 DUE TO rolapse of restin TTOPING Conditions, if any, which gave risa to immediate DUE TO causa (a), stating the underlying cause last. SS CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY certificate halped for use of Health p PERFORMED? PHYSICIAN: The NO Y masslemetic heart YES the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached for Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) at work Not While factory, street, office bldg., etc.) Hour a.m. After st work p.m. retained to Lay 4 should ith the 0 21. I certify that (I) (this hospital) attended the deceased from A 3 should with the and that death occurred at ?: OOM, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. DATE SICNED page STAFF PHYS. 1966 DIRECTOR M.D. HOSPITAL FUNERAL PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p should be 1 PROFESSIONAL ARTS BLGD. LAYMAN M.D. HAGERSTOWN. WILLIAM ➾ BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. MAY 7,1966 HAGERSTOWN, MARYLAND ROSE HILL CEMETERY FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SICNATURE 1966 HAGERSTOWN, MARYLAND VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND by the Pages CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DAYS HAGERSTOWN HAGERSTOWN bon papers. within 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEDWAY ROAD WASHINGTON COUNTY HOSPITAL NO A YES 🗆 within Pou 3. NAME DE First Middle Last 4. DATE Month Day DECEASED CLARENCE MAY ca (Type or print) ARTHUR SHEARER, SR. DEATH 16 19 66 executed ysician and complease remove to AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours JULY 18. 1904 6 MALE WIDDWED DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY U.S.A. FRANKLIN CO. PENNA. MACHINE GRINDER death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH CONNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HACHERIBYESWIN WARY LAND permit. ь (Yes, no. or unknown) I (If yes give war or dates of service) 727 MEDWAY ROAD 214-09-0263 MRS. ANNA SHEARER cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremati The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Right ventricular cardiac failure defil attending physician. 10 Pulmonary fibrosis, advanced, and chronic Long-Conditions, If any, which bronchopulmonary obstructive disease gave rise to immediate standing cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate ND X PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING DE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. of 1 (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While at work at work p.m. Feb the 21. I certify that (!) (this hospital) attended the deceased from DIRECTOR: age 3 should lled with the May saw the deceased alive pn and that death occurred at \_M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING page STAFF PHYS. MAY. 18.1966 DIRECTOR O HOSPITAL 22d. ADDRESS O FUNERAL PHYSICIAN'S director, p NAME (Type) KNEISLEY WASHINGTON ST. HAGERSTOWN. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF WASHINGTON CO., MARYLAND MAY 19,1966 CEDAR LAWN CEMETERY BURTAL 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR ADDRESS FUNERAL/DIRECTOR HAGERSTOWN. MARYLAND VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Franklin Washington MARYLAND Pennsylvania b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown Wavnesboop. papers. in 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 225 South Potomac Street NO Ex with NAME DE DATE aibhiM Last DECEASED (Type or print) RICHARD THEODORE SLAYBAUGH DEATH 23. 1966 Mav 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH Male White. 11-20-25 WIDOWED [ DIVORCED [ 40 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 1 12, CITIZEN OF WHAT INDUSTRY Fayetteville, Fennsylvania Fire Department Fort Ritchie U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Peterson Mervin Slaybaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Patricia Slaybaugh, Waynesboro Pa. 201-13-7363 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) several days the hospital or attending physician. Brain stem infarction DUE TO (h) Vertebro-basilar thrombosis several days Conditions, If any, which gave rise to immediate <u>ء</u> 2 DUE TO cause (a), stating the (c) Atherosclerosis of vertebral & basilar arteries underlying cause last. 33 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME DF INJURY Month, Day, Year 20f. (City or town) (State) (County) Hour a.m. Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 5-21-19 66 to May 23. \_\_ 1966 \_\_ that (I) (we) last 1966, and that death occurred at 0.510%, from the causes and on the date stated above. saw the deceased alive on May 23. 22a, SIGNATURE 22b. DATE SIGNED MED. ATTENDING PHYS STAFF PHYS. 5-24-66 PHYSICIAN'S ADDRESS director, p NAME (Type) 132 North Potomac Street, Hagerstown, F. Abdullah, M. D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) Burial Green Hill Waynesboro, Franklin Co. By REGISTRAR | 256: REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M 1/65

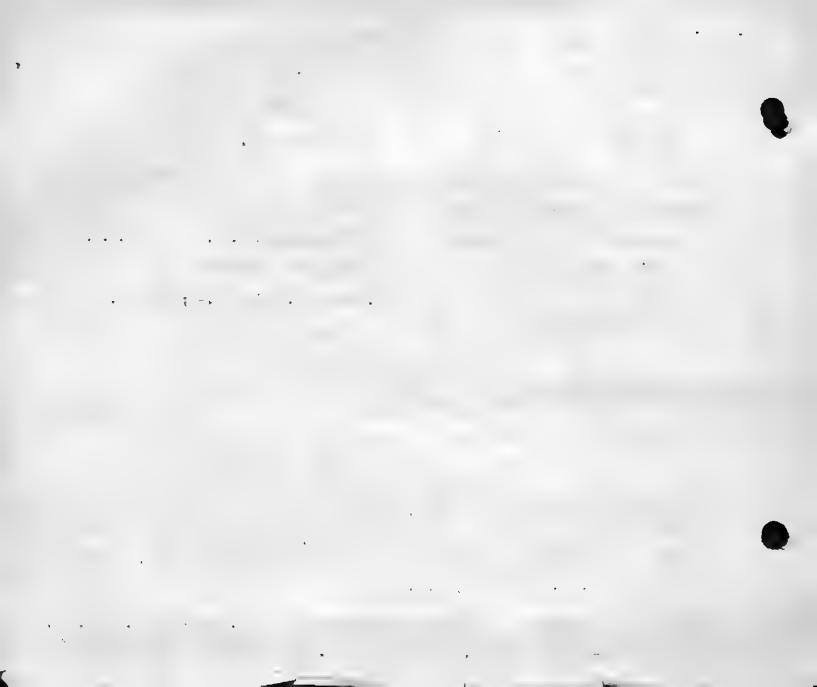


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the deoth certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral ove corbon papers. Pages 1 ond PLACE OF DEATH a. COUNTY o. STATE b. COUNTY within 72 hours after Washington MARYLAND Maryland Washington
c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) Washington b CITY OR TOWN (if outside corporate limits, CLENGTH OF STAY IN 16 Write RURAL and give nearest town)
Rohrersville 57 Yrs. Rohrersville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO. ose remove corbon p 3 NAME OF First Middle Last 4 DATE Month Dev DECEASED OF Orville Harrison Slifer May 29 66 DEATH 19 (Type or print) IF LINDER 24 HRS S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED White Male April 19, 1888 10 10a USUA, OCCUPAT ON (Give kind of work done TOB KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during mast af working life, even if refried)

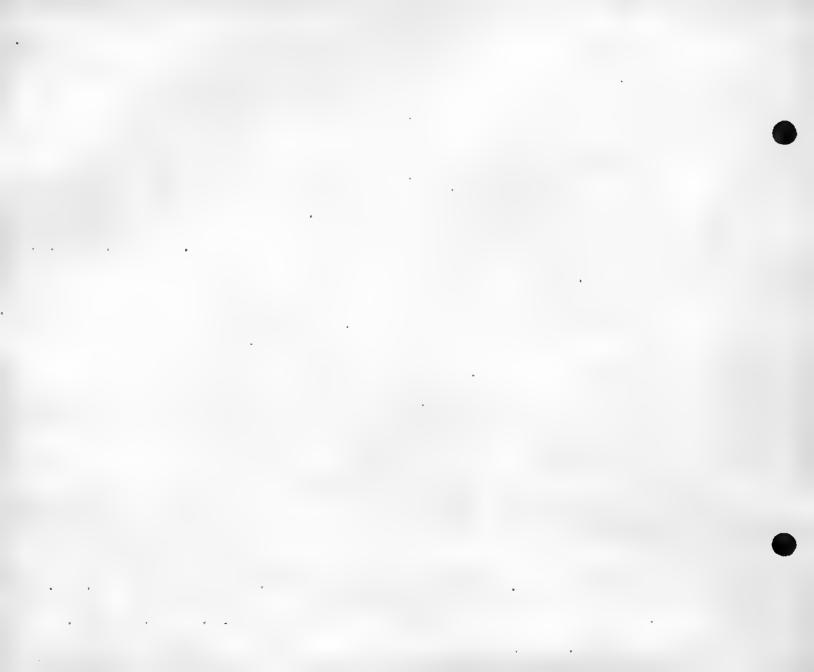
Carman INDUSTRY COUNTRY? Railroad S. Broad Run Fred Co. Md. H. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremation, or removal, John Slifer Etta Mullendore 17 INFORMANT 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) No -705-10-3650 Mrs. Eva F. Slifer. Robrersville. Md. 18 CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c) INTERVAL BETWEEN signed by the buriof-tronsit p DUST AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by 420 DUE TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO for use os the b f Health prior to b stating the underlying cause lost. 19 WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 3 should be detoched with the State Dept. of (IF E THER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, affice bldg., etc.) at week 6-25-, 1965 , ta 6 - 25 - , 1966 , that (I) (we) last 21 I certify that (1) (this haspital) attended the deceased fram\_ saw the deceased glive on 6-28- 1946, and that death accurred at 7 A M, fram couses and an the date stated above. 22a SIGNATURE 22b DATE SIGNED ATTENDING MED M.D. director, page should be filled 22d. ADDRESS 22c PHYSICIAN S BOINS BARO JOSEPH SECONDARI NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Rohrersville, Md. 5- 31- 66 Cemetery Rol 250 REC'D BY REGISTRAR Rohrersville 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md au N



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution, Residence before admission) o. COUNTY Washington b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give régrest town) Hagerstown gerslow d. STREET ADDRESS d. NAME OF HOSPITAY (If not in haspital, give street address) . IS RESIDENCE ON A FARM? Washington County Hospital 335 Belview Ave. YES NO TO NAME OF 4, DATE Middle Month Year DECEASED OF DEATH Elva Na om1 Smith (Type or print) 1966 Maro IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years 10st bighday) Months Doys /1890 WIDOWED ... DIVORCED | VIS. Female. White 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clintondale, N. Y. Housewife None 13. FATHER'S NAME Mary Ida Hornebeck Kevi Quick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Harold W. Smith Jr.-5/9 May St. Hagerstown No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) } INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive cardiovascular disease with Several IMMEDIATE CAUSE (a) congestive failure vears Indefinite Arteriosclerosis Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(51) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🕰 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg. etc.) Haur a.m. Not while at wark at wark 19 66that I last saw the deceased 21. I certify that I attended the deceased from Oct. 1963 to May 23 1006 May and that death occurred at 7:30A. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE 148 West Washington St PHYSICIAN'S NAME (Type B. B. Kneisley, M.D. Hagerstown, Maryland 22a, BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Lorraine Park Cemetery 6 E. Franklin St. Balt. Md. ntomb 0 240 REC'D BY REGISTRAR 246 REG STRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Loring Evers-8728 Liberty Rd. Randallstown, Md. MAI



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07546 death. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH completely filled in by the funeral nove carbon papers. Pages 1 and a countraction o. SIATE aryland remove carbon papers. Pages 1 n any event, within 72 hours after MARYLAND asnington b CITY DR TOWN (it outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 1.cnths Hagerstown e IS RESIDENCE ON A FARM? d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS "ashin :ton County Hespital South Locust YES NOTA 4. DATE Month 3. NAME OF First Lost OECEASED OF SMITH JOHN LEONARD (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS. AGE (In years S. SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED XXX **NEVER MARRIED** 19 yrs Months Days Hours Thite WIDOWED DIVORCED Oct. Male 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working He, even if retired) Heed COUNTRY? physician ( Boonsboro, Wash. Store 13. FATHER'S NAME Susan Enmert burial, crematian, ar remar Martin L. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. signed by the attendin burial-transit permit. Irene Cunningham 29 S. Locust No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1 OEATH WAS CAUSED BY. Hagerst vn. waryland ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending director, page 3 shauld be detached for use as the shauld be filed with the Srate Dept. of Health priar to TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO aneuminas 205 DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Part I or Port II of item 1B.) 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME DF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bidg, etc.) of work of work , ta May 14, 1966, that (1) (we) last 19 M, fram Jauses and an the date stated above saw the deceased alive an Manage 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. M D 22d. ADDRESS 22c PHYSICIAN'S 145 So. Prospect St, Hag. Ld. John NAME (Type) Stauffer 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (Stote) 23o. BURIAL, CREMATION, PEMOVAL (Specify) 1966 Rest Haven Cemetery Hag. "ash. Co. 2Sb REGISTRAR'S SIGNATURE 25g REC'O BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Coffnan Ha erstown, Laryland A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0754 CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH a. CDUNTY 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) **b.** COUNTY Inchination Margal and MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharosaar Sharosburg mpletely filled in carbon papers. ent, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO . executed within NAME DE First DATE Middle Lest Mon th Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN DF WHAT 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) CDUNTRY? physici n pleas 'icycle 13. FATHER'S NAME MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? ed by the attend transit permit. cremation, or n 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) Shimmehimm 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). the hospital or attending physician. signed urial-tra burial burial Conditions, if any, which gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. SS CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? certificate NO YES [ 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While OR ATTENDING I at work ... at work 21. I certify that (I) (this hospital) attended the deceased from 2 - 5 -. 19 60 to\_ 5.14 19 66, that (I) (we) last 3 should with the and that death occurred at I.P. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING page 101 16 -DIRECTOR O HOSPITAL director, pa should be fil 22d. ADDRESS PHYSICIAN'S BOONSBORD BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) REMOVAL (Specify) Simonalineal Manyland Iliamanort. VR A15 (4) DATE 20M 1/65



4	DIVISION	N OF STATISTICA	L RESE	ARCH AND RECORD			REET, BAL	TIMORE 1,	MARYL	AND
4	07648			CERTIFICAT	E OF DEA	TH			J76	37
	1. PLACE OF DEATH				2. USUAL RESID	ENCE (Whe	re deceased live	l, If institution	: Residence	before admission
1	a. 000HTT	Washingt	on	MARYLAND	a. STATE Mc	rylan	d	COUNTY Wa	shina	ton
ľ	b. CITY OR TOWN	(if outside corporate and give nearest town)	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR YOWN			its, write RUR	AL and glv	e nearest town
	WITE NORAL	Hagersto		44 urs	Ho	gerst	OWN			1 1
	d. NAME OF HOS	PITAL OR INSTITUTION	(if not in h	ospital, give street address)	d. STREET ADDRE				0	IS RESIDENCE
	Washi	ington Count	u Hos	pital	40	8 N.P	rospect	St.	Y	ON A FARM?
	3. NAME OF	First	-	Middle	Last	1 4. D	ATE	Month	Day	Year
	OECEASED (Type or print)	Minn	ie	Olive	Smith	0	F EATH	May	24	19 66
ĺ	5. SEX		MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In last bir			F UNDER 24HR
	Jemale	White	WIDOWED	DIVORCED	July 30,1	893	72	yrs.	Days	Hours   Min.
ĺ	10a. USUAL OCCUPATE	ON (Give kind of work do ng life, even If retired)	ne 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE				CITIZEN	F WHAT
	House	lork		(1004)((1	Berkley	Sprin	as.W.Va		COUNTRY	
	13. FATHER'S NAME				14. MOTHER'S N		Æ.			
ļ		John Ne	lson d	Smith		Marga	ret Del	ena But	ts	
Į	15. WAS DECEASED E	VER IN U.S. ARMED FORC (If yes give war or dates of se	ES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT			Address		
	No	for Joseph Common of Maries of the	2	13-24-9785 MA	s. Emma R.K	ing 4	18 Bowa	rd St.H	agers	town Md
l				ine for (a), (b), and (c).]					INTER	
1	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	See	berochnoid	Hernoc	Lace			7	days
	300	A DUE TO								
I	Conditions, If a		Cer	redul arter	io 5 cleia	eu.	auch		20	77-5
I	gave rise to cause (a), st:		)	,	_				1	
ĺ	anderlying cause			extend of	anemy					
i	PART II. OTHER SI	IGNIFICANTCONDITIONS	CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE	CONDITIONG	VEN IN PART 1(	a) 19.	WAS AUTOPSY PERFORMED?
ı									YES	NO X
	PART II. OTHER SI	WAS UNDERLYING [] NG [] CAUSE OF DEATH		DESCRIBE HOW INJURY OCC	URKED. (Enter natur	of injury	in Part I or Pa	art II of Item	18.)	
l	G (IF EITHER, NOT	IFY MEDICAL EXAMINE	1	Many and the state of	05 05 111115117		or reli			104.7-5
	20c. TIME OF II Hour a.m	NJURY Month, Day, Ye	ar 20d. I While	NJURY OCCURRED 20e. PL	ICE OF INJURY (Home ory, street, office bld;	r, tarm, 2 r., etc.)	Of. (City or to	own) (0	county)	(State)
۱		19	at wor	k at work			- 17		-	
-		1.4			Tay 18	1966	to 1904	24, 19	66., th	at (I) (we) las
I	saw the dec	eased alive on 🥂	us a	4 1966, and tha	t death occurred	tie F	A, from the c	auses and or	the date	stated above
		0	Ho	611	ATTENDING PHYS	MED.	OR STAF		25/6	6
	22c. PHYSICIAN		-6110	M.	D. PHYS Z	DIRECT	DR L PHYS		-5,0	
	NAME (Ty	nal	Ditt	o. III. M.D.			gton St	. Hage	rstow	n. Md.
	23a. BURIAL CREMA	ATION, 23b. DATE THE		23c. NAME OF CEMETER			. LOCATION (			(State)
	REMOVAL (Spe	cify)	111			230				***
J	24. FUNERAL DIREC	CTOR / D	100	Rest Haven	25a.	REC'D BY	REGISTRAR   2	s <b>town</b> 5b. Registr/	AR'S SIGNA	TURE
1	Rest Haven	r Juneral Ch	apel	Hagerstown, M	d. M	Y 3 1	1966	Milane	en Ju	dge
4	Jesse Haner	- January Cit	wer _	, tompo-concouring !		11-4-4	1000	#	10-	0

MARYLAND STATE DEPARTMENT OF HEALTH



1, - 1	MARYLAND STAT DIVISION OF STATISTICAL RESEARCH AND RE		PARTMENT OF HEALTH 5, 301 W. PRESTON STREET		E 1, MARYLAND
	C7643 CERTIF	CAT	E OF DEATH		37638
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where dece	ased lived, If Institu	tion: Residence before admission
	WASHINGTON	LAND	MARYLAND		WASHINGTON
н	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	/ IN 1b	c. CITY OR TOWN (If outside corp		RURAL and give nearest town
	HAGERSTOWN 35 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street:	ddress	HAGERSTO d. STREET ADDRESS	MIN	e. IS RESIDENCE
1	WASHINGTON COUNTY HOSPITAL	0014007		STREET	ON A FARM?
3.	NAME OF First Middle DECEASED			Month	Day Year
	DECEASED (Type or print) BESSIE MAY		SNODDERLY 4. DATE OF DEATH	MAY	23 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE FEMALE WHITE WIDOWED DIVORCE	<u></u>	8. DATE OF BIRTH 9. FEB. 24, 1888	last birthday) Mo	UNDER 1 YEAR IF UNDER 24 HR.
10	. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS O		11. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
a	Ing most of working life, even if retired) HOMEMAKER OWN HOME		FRANKLIN CO., P	ENNA.	U.S.A.
1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
_	MARTIN L. DUNLAP		UNKNOWN		NATION TO A SOLIT
ģ	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITYN  5, no, or unknown) (If yes give war or dates of service)			GERS INDIVIS,	MARYLAND
=	NO NONE  18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c)	7	RS. RUBY RIDENOUR	R.D. # 5	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	やと	uaio XII 4		ONSET AND DEATH
	Cenditions, If any, which				r
	gave rise to immediate (b)  Cause (a), stating the DUE TO				
_	underlying cause last. (c)		1		
CERTIFICATION	PART UPOTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATHBUT	NOT REL	TENTO THE TERMINAL DISERSE COND	ITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUDENCE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCC	URRED. (Enter nature of Injury in Par	t I or Part II of It	tem 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED		CE OF INJURY (Home, farm, 20f. (Cory, street, office bidg., etc.)	City or town)	(County) (State)
MED	Hour a.m. 19 While Not While at work	1000	7	- 07	
	21. I certify that (I) (this hospital) attended the deceased		, 19 (L, to	5-00	19.64 that (I) (we) las
	saw the deceased alive on	and tha	t death occurred at G. M., from	m the causes and	d on the date stated above
	2 Thomas and	M.I	D. ATTENDING MED. DIRECTOR		5/24/1966
ı	22C. PHYSICIAN'S NAME (Type) F D TARDTZADAT M D	(81-)	22d. ADDRESS	<u> </u>	21 1 2 2 2 2
-	E.A. HARDIZADAL M.D.		300 N. POTOMAC		GERSTOWN, MD.
23	BURIAL Specify) 5/25/1966 LEITERSE		LUTHERAN CEM.	CATION (City, town	
2	FUNERAL DIRECTOR ADDRESS  KULLYS & LOWEST HAGERSTOWN,	MARY	LAND DAY 27 19		STRAR'S SIGNATURE
ľ					

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death tertificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a. STATE b. COUNTY Washington Md. Wash. MARYLAND within 72 hours after b (ITY OR TOWN (If autside carporate irmits, write RURAL and give neorest tawn)

Funkstown c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Funkstown 50 years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE E. Cemetery St. 106 E. Cemetery St. YES T NO [ 3 NAME OF Middle First Last 4. DATE Day Yeor DECEASED (Type or print) **ELVA** SPIDLE BERNICE May 11. 66 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7 MARRIED **NEVER MARRIED** last birthday) Manths Haurs female white Dec. 1. 1885 WIDOWED 10a USJAL OCCUPATION (Give kind af work dane during most of working ...te, even if retired) **housewife** 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT INDUSTRY fiddlersburg. Md. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Riley R. Williams Mary McCarter 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service Harry F. Spidle, Funkstown, Md. none no THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) )
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (a) C Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause io FuneRAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use os the should be filed with the State Dept. of Heolth prior ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Mail WAS AUTOPSY PERFORMED? in arractionsi NO Z 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a m. factory, street, affice bldg., etc.) at work 21. 1 certify that (1) (this haspital) attended the deceased from hand 26, 19 (ab, to must, 1966 that (1) (we) last 1960, and that death accurred at 625 DM, from causes and an the date stated above saw the deceased alive an\_ 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 5-12-66 EUN/COTON 22c PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, REMOVAL (Spouly) 5-14-66 Funkstown. Cemetery Funkstown, Md. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR VR A15 (4) minnich Funeral Home, Hagerstown, Nd.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07851 HEALTH DEPT. PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (Where deceased lived, if sinstitution. Residence before gain ssign Washington Maryland Washington after death MARY, AND delay a b CTY OR TOWN (If outside corporate limits, r. LENGTH OF STAY IN 15 c (TY OR TOWN (I outside corporate imits write RURA, and give nearest town) write RURAL and give nearest town) 37 yrs. Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? ate Der hours o 8. Give Pages 1, 374 Panaborn Blud 374 Pangborn Blud. YES NO IX 3 NAME OF Middle with the Sto within 72 I Year DECEASED Stockslager St. DEATH Charles William 19 66 (Type or print) Mau 5 SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED burthdoy) White Male Oct. 19. 1906 WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT INDUSTRY Church during most of working life, even if retired) COUNTRY? Chewsville, Md.

14 MOTHER'S MA DEN NAME Sexton 13 FATHER'S NAME This certificate shauld be executed within pencil Ξ Charles E. Stockslager Naomi C. Black and Address dagerstown Md. 16. SOCIAL SECURITY NO. 17 INFORMANT or remayal, 214-09-5630 Mrs. C.W. Stockslager Sr. 374 Pangborn Blud. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Possibly IMMEDIATE CAUSE (g) Carbon Monoxide Poisoning. writing the ward burial, crematian, Minutes. DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART I(o) Due to illness patient was very depressed the past two months.

200 EXTERNAL CAUSE WAS
PRIMARY Grown Contributing Cause of Graff.

20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of Item 18) YES NO DE 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Harne, form, (City or town) (County) factory, street, affice oldq., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry . and in my opinion deoth resulted from: Accident . Suicide 🕌 Undetermined monner Notural couses Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER 5-4-66 **FYAMINER'S** Address (Street, city, town, or county Hagerstown. Dr. E. W. Ditto. Jr 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 50 REMOVAL (Specify) Rest Haven Cemetery Hagerstown Ad 250. REC'D BY REGISTRAR VR A15ME (5) Marley Rest Haven Juneral Hagerstown ("Id.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland a COUNTY Washington Washington MARYLAND b CITY OR TOWN (If autside carparate I mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 1 day Hagerstown rural IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Washington County Hospital Rd. 3 YES NO NAME OF DECEASED First Middle Last 4. DATE Month Year Day GILBERT RENO THOMAS 6 19 66 (Type or print) DEATH Mav S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthdovi signed by the attending physician and co buriol-transit permit. Then please remov buriol, cremation, or removol, ond in ony white 2/13/04 male WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind af wark dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) **COUNTRY?** INDUSTRY Sand blasting Sharpsburg, Md. 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Franklin H. Thomas Susie Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service Mable P. Thomas Hagerstown. IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Acute culconary oedema re-occuring Acute coronary occlusion (anterior) with hours myocardial infarction Conditions, if any, which gove nse ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been be detached for use as the Stote Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

PROT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION (posterior) with Jocardial infarction 19 WAS AUTOPSY PERFORMED? NO Z 20o, ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, affice bldg., etc.) Not While at wark at work 1965 to May 6 ., 19<u>55</u> , that (I) (<del>we</del>) last 21. I certify that (I) (this hospital) attended the deceased fram Lay 6 director, page 3 should should be filed with the 195 , and that death accurred at 3:032M, fram causes and an the date stated above. saw the deceased alive an .... 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** May 7, 1966 M.D. PHYS. 22d. ADDRESS OO Professional Arts Bldg. PHYSICIAN S NAME (Type) Lagran, erm. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230. BURIAL, CREMATION, (County) (State) 5/9/66 Hagerstown Md Rest Haven Cemetery RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) FUNERAL HOME Hagerstown, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Washington Maryland Washington MARYLANO funeral State Department hours after death. b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Шау Years 16 Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? Ray YES T NO X 145 Ray St. St. EXAMINER: This certificate should be executed within 24 hours after death. If any del certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and tould be forwarded to the Chief Medical Examiner's Office along with form PM3. NAME OF Middle Last 4, DATE Month Year DECEASED the 0F (Type or print) DEATH 19 66 Norman Thomas Mav 2 with 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED XX NEVER MARRIED last birthdey) Months Days Hours June 14,1895 70 Male WIDOWED DIVORCED .O 管 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY? Farming U. S. A. Farmer Sharpsburg, Md. pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward F. Thomas Annie C. Lumm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) I (If yes nive war or dates of service) permit. I Donald A. T. omas Rfd. 1 Boonsboro, Md. No -INTERVAL BETWEEN 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c), ] DISET AND DEATH Sudden PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation burial-transit cremation, DUE TO (h)Suicide Conditions, if eny, which geve rise to immediate DUE TO cause (a), stoting the 60 underlying cause lest. used as a to burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES F NO TO 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Patient hung himseliture of injury of Part II of Item 18.) WEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) Hour a.m. Not While While Wash CTOR: Page designated at work at work 30 Home Hagerstown and in my opinion Inquiry pinous 21. I certify that I took charge of the remains described above, held an Autopsy inspection x files. DIRECTOR: Homicide Undetermined manner death resulted from: Natural causes Accident Suicide X, CHIEF MEDICAL EXAMINER for your please execute director. Page 4 retained for your ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER O Northern Ave. Hagerstown, Md. SIGNATURE ö FUNERAL I 58 Weeks. **EXAMINER'S** Howard M. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. Mountain View Cemetery 0 Sharpsburg, Md. 14- 66 Burial REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ALSME (5) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. P. M. Ochorles 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death completely filled in by the funeral ave carbon papers. Pages 1 and v event, within 72 hours after deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY a STATE Washington **b** COUNTY Md. Wash. MARYLAND b CITY OR TOWN (If autside carparate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write\_RURAL and give nearest town) Hagerstown Hagerstown 2 weeks rural d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? RFD 3 Washington County Hospital YES NO IX. NAME OF First M ddle 4 DATE Doy Year DECEASED THOMAS WAYNE TREMBATH May 10. 1966 (Type or print) DEATH S SEX IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS. **NEVER MARRIED** ost birthday) May 29, white 1893 male WIDOWED DIVORCED and in any 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even fretired) public COUNTRY? the attending physician education Kingston, Penna. supervisor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval William J. Trembath Sarah Colley 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary Trembath, Hagerstown, no 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEE burial-transit IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, crer DUE TO Canditians, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying couse last. 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While 21. I certify that (1) (this haspital) attended the deceased fram\_ 4/24/66,19 ta\_5/10 166, 19\_\_\_, that (I) (we) last , and that death accurred at 8 as P. M., fram causes and an the date stated above. 5/10/66 19 saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 5-14-66 St. Mark's Cemeterv Lappans, Wash. Co., Md. 24. FUNERAL DIRECTOR 25q REC'D BY REGISTRAR VR A15 (4) Funeral Home, Hagerstown, Md. 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death, 1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Magerstown Most of Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled 6. IS RESIDENCE DN A FARM? Western Maryland State Hospital etely death certificate be executed within 3. NAME DE Last DECEASED DISE VINCENT (Type or print) DEATH DATE OF BIRTH ACE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days WIDOWED DIVORCED [ physician in please r 10a, USUAL OCCUPATION (Cive kind of work done) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Waitress Resturant ed by the attending phy-transit permit. Then p , cremation, or removal, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Edward Stotler Prudence Nora Brumbang 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) O.D. Vincent 234 E. Washington St. Hagerstown 214-09-6388 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH been signed by the burial-transit or to burial, crem PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. PARCINOMA OF BLADDER Conditions. If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 8 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? 0 FT KIDNEY- HYDRONEPHROSIS OF RT. KIDNEY YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) FUNCTIONING 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work DIRECTOR: A age 3 should lied with the ? 21. I certify that (I) (this-hospital) attended the deceased from. and that death occurred at 400 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE director, page should be filed v DIRECTOR Page 4 may FUNERAL PHYSICIAN'S **ADDRESS** 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) REMOVAL (Specify) Rest Haven Cemetery Rest Haven Funeral Chapel VR AI5 (4) Haaerstown Md

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

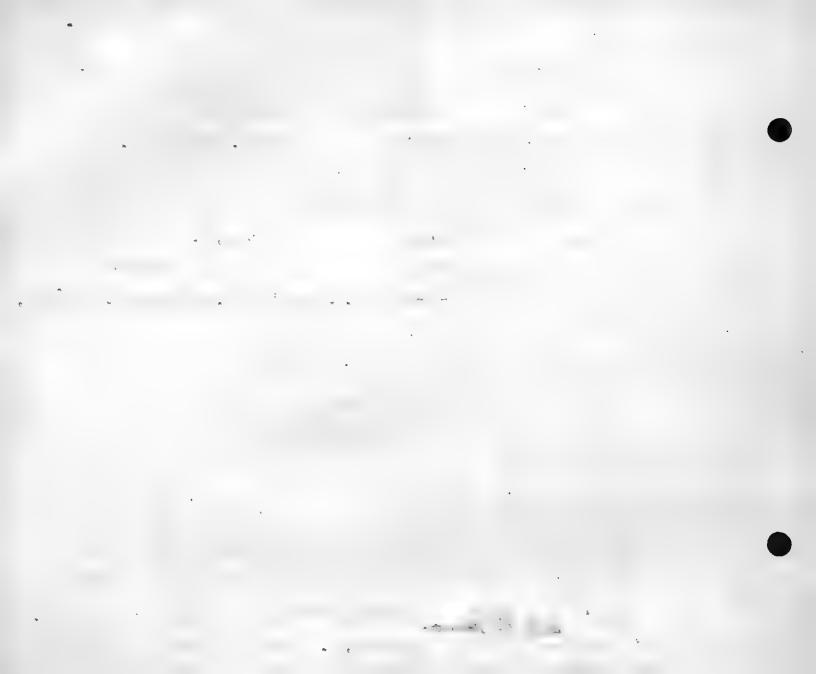
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M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	C7856 CERTIFICATE OF DEATH 37645	
nead laile	PLACE OF DEATH a. COUNTY Washington  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss a. STATE Md. b. COUNTY Washington	sion
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	(חשכ
	Hagerstown 1½ Days Cascade 7/-/	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Washington County Hospital  d. STREET AOORESS  e. IS RESIDED ON A FARM YES  NO	W?_
=		X
	DECEASEO (Type or print) C/ay F. Willard R. DEATH May 8 1966	
1	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. OATE OF BIRTH 9. AGE (In years lif under 1 YEAR) IF UNDER 24	HRS
	Male White WIOOWED DIVORCED Sept. 16, 1905   Months Days Hours N	Vin.
1	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
	watchman waynesboro knitting Blue Ridge Summit Pa.   U.S.A.	
-	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Clay E. Willard Sr. Bessie Barton Tracey	
- (	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Fla.	
_	No   162-05-6190   Miss Katherine T. Willard, St. Petersburg	
l	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWE ONSET AND DEAT	EN TH
	PART I. DEATH WAS CAUSED BY: Gas to inter titel herror hogy will all the will be with the will be with the will be with the will be will be the will be with the will be will be will be the will be t	-61
ı	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which (b)  Conditions, If any, which (c)	5.
	I gave rise to immediate r	1.41
	cause (a), stating the DUE TO underlying cause last.	
MV		PSY
24.0	PERFORMED YES NO	D?
OFDETFIORTION	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
4	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
2	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State	e)
MAPPING	Hour a.m. While Not While at work at work at work	
ľ	21. I certify that (I) (this hospital) attended the deceased from 5-7, 1966, to 5-8, 1966, that (I) (we)	las
	saw the deceased alive on	ove
	228. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF	
	M.D. PHYS. DIRECTOR PHYS. J. 7-16	
	22c. PHYSICIAN'S NAME (Type) John H. Hornbaker, M.D. 22d. ADDRESS 154 West Washington St., Hagerstown, Md.	
-	a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)	)
ľ	REMOVAL (Specify)	10
1	ADORESS   25a. REC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	175
1	Valle of House Warnestors, Ja. MAY 11 1966 Johnso Judge	
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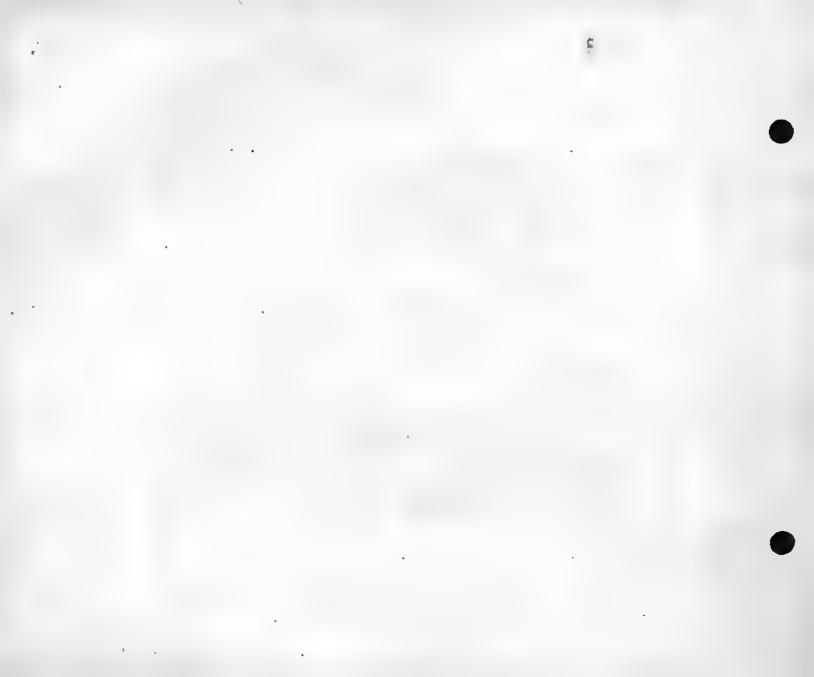
ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before edmission) a. COUNTY b. COUNTY Mashington c. CITY OR TOWN (If outside corporete I m is, write RURAL and g ve neerss) town) MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) H. ersto Hamerstown uays d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS a. IS RESIDENCE ON A FARM? County He spital YES NO TO 3. NAME OF Middle DECEASED (Type or print) DEATH FIRAGILE Y 9. AGE (In years | IF UNDER 1 YEAR F UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months Days DIVORCED -Jan. W DOWED T 876 10b. KIND OF BUSINESS OR INDUSTRY 1 BIRT 1P. ACE County 8 State, or forming country) 10a. USJAL OCCUPATION (Give kind of work 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even 'f ret'red) oreman -Retired Holder. Ins. Altoin & Blair 18. FATHER'S NAME Tileman 17. "Tilliams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Matilda Reese (Yes, no. or unkown) | (If yes give war or dates of service) Lrs. Dorothy F .rr. nd 18. CAUSE OF DEATH (Enter only one couse per I ne for (e), (b), and (c). 3 34 N. 36th. St, Canp Hill, P one of the per land death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) IVI YUCHRUSING I HEMRETUR **DUE TO** 17511050 Warne Conditions, if any, which gave rise to immediate cause (e), stating the underlying RIERIO SCIENCESIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01) 19, WAS AUTOPS' PERFORMED? 200 ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year | 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While Hour a.m. et work at work 1962 to 1 MAY 1960, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 25 226. SIGNATURE ATTENDING SIGNED PHYS. 2 M 2466 22d. ADDRESS 22c. PHYSICIAN'S 238, BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) OF Rose Hill Cemetry Hwerstown 258, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Funeral home. Hugerstown,



<u></u>	A	A	Ιţ	em 20b Film G377 6/1 MARYLAND STATE DEPARTMENT OF HEALTH	
FAR S	TATE			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA  CT 650 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	RYLAND
UEALTH	DEPT	1	_		1004
UPWFILL	PELI	٠	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If instruction) Re a. COUNTY  b. COUNTY  b. COUNTY	sidence before admission)
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era be	at di	- 1		b. CITY OR TOWN (if outside corporate limits. I c. LENGTH OF STAY IN the CONTY OR TOWN (if outside corporate limits, write RURAL	end give nearest town)
fun	arte e	- 1		Hagers town - Kichmand Furnace	,
ည့္ခ်ဳိက	Department after death.	1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	e. IS RESIDENCE
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Se in de	2.0		0	John L. Witmer Margaret Sites	
24 to	File	ı	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMABY  Address (17. INFORMABY)  (Lives pire war or dates of service)	mon ()
E S	<u>ت</u> و ا		110	7es 1962-1965 160-36-2909 Tono Murgaret Witnes- For	maci, 17a.
in penc Examiner	permit. remmai			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
and me	# #			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Shock	T hour
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				couse (a), stating the DUE TO underlying cause last. (c) Fracture Of Femur	
45.5	8 7		2	underlying cause last. ) (c) Fracture Of Femur  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	119. WAS AUTOPSY
ertificate sing the w	used as to burial	0	110	TWO IN OUR PROPERTY OF THE PERSON OF THE PER	PERFORMEO?
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E E	should be gent, prior		CERTIFICATION	20b. EXTERNAL CAUSE WAS PRIMARY ST CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.  Car came in contact with curb & striking a u	
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INER: This cer ificate, writin be forwarded	67.00 CD CD	. /	MEDICAL	Hour a.m. 5-22- 1966 et work at work Street Hagerstorn Washing	ngton Md.
E TO	TOR: Page Jesignated	1		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my opinion
e cert hould	Sigi S			death resulted from: Natural causes Aceident & Suicide , Homicide , Undetermined manner	
2 4 S	(RECTOR: its design			CHIEF MEDICAL EXAMINER	
ute ge				SIGNATURE V. ZCV ALCO M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
F Sec.				DEPUTY MEDICAL EXAMINER 🔀 5-2	3–66
DEPUTY please edirector.	語音			EXAMINER'S NAME (Type) Dr. E. W. Ditto. Jr. Address (Street, city, town, or county) Hagers	town Md. =
DEPU lease recto	FUNER   Health		23a	BURIAL-CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1/23g. LOCATION (City, town or four	in y) (State)
2 240 5	9			REMOVAL (Specify) 5/24/66 Godar Hilf Cem. Arcencaste 1	9.
			24	FUNDIAL DIRECTOR ANDRESS 25a. REC'D'EY REGISTRAR 25b. REGISTRAR	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and Completely filled in by the funeral sit permit. Then please refreed and 2. USUAL RESIDENCE (Where deceased aved, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Washington Maryland Wash. MARYLAND c LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate imits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 3 weeks Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Reeder Nursing Home 236 E. Antietam St. YES NO ! NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) EUGENE CHARLES WOLFE 19 66 Mav 23 DEATH S. SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH **NEVER MARRIED** birthdoy) Doys Hours 11/14/04 white male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working tile, even if retired) shoe mfg. COUNTRY? Leitersburg, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harvey Wolfe Cora DeLauder 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 19-14-1693 Bertha E. Wolfe Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line fer (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACC DENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of wark 21. I certify that (1) (this haspital) attended the deceased fram 5-3 , 1966, to 5-23 . 19 66 that (1) (we) fast saw the deceased alive an 5-22-1966, and that death accurred at 10-2 M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. director, page should be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) 0777799 36 DATE THEREOF 5/26/66 23d LOCATION (City or Town) 230 BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Rose Hill Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL HOME, Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07660 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death completely filled in by the funeral love carbon papers. Pages 1 and y event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Wash. MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Hagerstown C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Paramount 2 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS S RES DENCE ON A FARM? Washington County Hospital YES [ NO 3. NAME OF First Midd a Lost 4. DATE Doy DECEASED IVA PEARL WOLFE May 19 66 (Type or print) DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Doys female white WIDOWED T June 1. 1892 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working ite, even if retired)

housewife INDUSTRY COUNTRY? Washington Co., Md. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Charles B. Nigh Arena Neikirk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Roy N. Wolfe, Paramount, Md. none 18 CAUSE OF DEATH (Enter only one couse per ing for (s), (b), and (c).) INTERVAL BETWEET PART I DEATH WAS CAUSED BY buriol-tronsit IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been 节 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVOLD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? 200, ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 2 and that death accurred at MZC M, fram causes and an the date stated above. saw the deceased glive an 220 SIGNATURY 22b. DATE SIGNED STAFF PHYS. MD. DIRECTOR ADDRES 22c. PHYSICIAN S NAME (Type) director, should b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION, 23b DATE THEREOF (County) Hagerstown, Md. 5-8-66 Rest Haven Cemetery ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Minnich Funeral Home, Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07661 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. mpletely filled in by the funeral acabon papers. Pages I and event, within 72 hours after deal 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b county shing ton a COUNTY o. STATE Laryland Washington MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Days Hagerstown Hagerstown d NAME OF HOSP TAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Washington County Hos. ital 29 Randolph Ave NO T 3 NAME OF Farst Middle 4. DATE Manth DECEASED Nellie Susan Tol fe 23,66 Mav (Type or print) DEATH S. SEX 6. COLOR OR RACE B DATE OF BIRTH 9 AGE (in years IF LINDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last bythdoy) "hi te Female 29,1887 April WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) physician of during most of working life even if retired) Hetired COUNTRY? A. The Lanor. Wash, Co. Ld. Secretary 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Ella Yourtee John S. Wolfe 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT paddres Derrer Ave. Lrs Lary K. NeikirkHagerstown, Id. (Yes, na, ar unknown) (If yes give war ar dates of service) 214-09-1627 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-tronsit p Carcinoma of the liver Not DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying cause Page 4 may be retained by the hospital or attending OF EUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO DA 20a ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg , etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from March 9 saw the deceased glive on May 22 1960, and that death accurr 19 00 that (4)-(we) last and that death accurred\_of M, from causes and on the date stated above. 22g SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR PHYS director, poge 3 should be filed w M.D West Washington Street 22d. ADDRESS 22c. PHYSICIAN'S B. Kneisley, M.D. NAME (Type) Hagerstown, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIAL CREMATION (County) REMOVAL (Specify) Langr Celetery Til namton, a wan. Jo . Ad erstown . Leviano



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	1.	PLACE DF DEATH a. COUNTY				11	2. USUAL RESIDE	NCE (Where	deceased lived, If	Institution: Reside	nce before adm	Ission
		a. COUNTY	MACHTNOMON	Ť	MARY	CLAND	e. STATE	RYLAND	b. CO		INGTON	
1		b. CITY OR TOWN	WASHT NGTON (if outside corporated give nearest town	e limits,	c. LENGTH OF STA		c. CITY OR TOWN					town
١		HAGERST		n)	26 DAYS		HAGERS	TOLEN		7	1	
1		d. NAME OF HOSP	ITAL OR INSTITUTIO	N (if not in h	ospital, give street a	eddress)	d. STREET ADDRES				e. IS RESID	ENC
9		WASHING	TON COUNTY	HOSPI	TAL		158	S. PRO	SPECT ST		YES N	RM?
	3.	NAME OF DECEASED (Type or print)	Fir	st	Middle TOWSEND		Last WROTH	4. DAT	E Mo	nth D	ay Year	66
ı	5.	SEX E		7. MARRIED			DATE OF BIRTH		9. AGE (In year	S I IF UNDER LYE	AR IF UNDER 2	
ı		EMALE	WHITE	MIDDWED	lamed .		PRIL 24.	1879	last birthday 87 yrs.	Months   Day	8 Hours	Min.
ı	10a	USUAL OCCUPATIO	N (Give kind of work of life, even if retired	one 10b. K	IND OF BUSINESS OF	R	11. BIRTHPLACE			try) 12. CITIZ	N OF WHAT	
		HOMEMAKER			N HOME		STEUBEN	CB. NE	W YORK	U.S		
1	13.	FATHER'S NAME	-				14. MOTHER'S MA	IDEN NAME				
-			L J. LOWER				MARY	NORTO	N			
1	15. (Ye	WAS DECEASED EV	ER IN U.S. ARMED FOR If yes give war or dates of	RCES? 16.	SDCIAL SECURITY NO	). 17. If	FORMANT		1645 Add	reFOUNT H	D. RD.	
	N	0		- N	ONE	MRS	. JOHN V.	JAMIS	ON III H	AGERSTOW	N, MD.	
				200	ine for (a), (b), and (	c). ]	•			1 10	TERVAL BETW	EEN
		PART I. DEAT	H WAS CAUSED BY:	(a) <u>Ce</u>	rebal 7	hrom	boses				5 da	
		DJZX	DUE 1	ro (			-					
		Conditions, If an		(b) 4	whalize	d	arteriord	urozi	1			
		cause (a), stat	ing the DUE	ro ()	0							
	z	underlying cause		(c)	TING TO DEATH BUT!	NOT DEL ATE	D TOTUE TERMINA	DIREARE	NDITION CIVEN	INDAOT VOL. 11	9. WAS AUTO	JDCV
1	<u></u>	/ All III. OTHER SIG	1. + 1		1 manuar	- 1	D TO THE TERMINA	r DISEASE C	DIADITIONGIACIA		PERFORMI	ED?
7	E	20a. ACCIDENT W	AS UNDERLYING	20b.	DESCRIBE HOW INJU	RY OCCUPE	FD. (Enter nature	of Inhury In	Part I or Part II		YES NO	0 1
	CERTIFICATION	DR CONTRIBUTING	CAUSE OF DEAT Y MEDICAL EXAMIN	H IER)	LUCKIDE NOW 1800	AT GOODIN	CENT (ERROL HARDIO	or metark in	TOTAL TOTAL	of Rent 10.		
			URY Month, Day, Y		NJURY OCCURRED  :	20e. PLACE	OF INJURY (Home,	farm, 20f.	(City or town)	(County)	(Sta	te)
	MEDICAL	Hour e.m.	19	While	Not While	factory,	street, office bldg.	etc.)		,		
	Σ	p.m.		at work	at work	rom 14	bull 4	19 6 L t	o May 1	10 6/	that (I) (we)	lan
		saw the dece		Man 1			eath occurred at		V	s and on the d	ate stated a	hove
				1		and that t		11119		22b. DATE		2040
		22a. SIGNATURE	//1		- 11 /	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5/2	1966	
		22a. SIGNATURE	Ralph -	8. St	auchter							
		22c. PHYSICIAN'	Kalph -	8. 81	aupper		22d. ADDRESS					
			Kalph -	STAUF	FER M.D.			PROSPE	CT ST.	HAGERSTO	N. MD.	
	23a.	22c. PHYSICIAN' NAME (Type	RALPH S.	STAUF HEREOF					CT ST.			e)
		22c. PHYSICIAN' NAME (Type BURIAL, CREMA) REMOVAL (Speci	RALPH S. 10N, 23b. DATE T		23c. NAME OF CE ROSE HIL		145 S. I	23d. HA	LOCATION (CITY, GERSTOWN	town or county) MARYLA	(State	e)
1/	23a. 24.	22c. PHYSICIAN' NAME (Type BURIAL, CREMA) REMOVAL (SDECI BURIAL	RALPH S. 10N, 23b. DATE T	HEREOF	23c. NAME OF C	EMETERY O	R CREMATORY ETERY 25a. R	23d. HA	LOCATION (CITY, GERSTOWN	town or county)	(State	e)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07663 and 2 filled in by the funeral papers. Pages 1 and ). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY. a. STATE b. COUNTY Shins MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If autside carbatate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) papers. Pag yrite RURAL and give nearest town) CIZSTOWY d. NAME OF HOSPINAL OR INSTITUTION (If not in haspital, give street addless) d. STREET ADDRESS IS RESIDENCE ON A FARM? ARU YES NO I DATE OF DEATH carban NAME OF Month Day Year physician and campletely DECEASED Type or print) AGE (In years 6. COLOR 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDOWED DIVORCED 6 andin 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR . BIRTHPLACE (County & State, or foreigh country) 12. CITIZEN OF WHA during most of working life, even if retired) INDUSTRY COUNTRY? 0 Avery 13. FATHER'S NAME MOTHER'S MAIDEN NAME the attending physicit nermit. Then VA-1505 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Sungo an (Yes, no, or unknown) ((If yes give war or dates of service cremation, IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE CAUSE (a) the hospital ar attending physician. **DUE TO** Conditions, if any, which gove rise to immediate cause (a), **DUE TO** stating the underlying couse as the this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO. f 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item IB.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ō detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Harne, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at wark O FUNERAL DIRECTOR: After ě 21. I certify that (1) (this haspital) attended the deceased fram be retained and that death occurred at 1/4 M. fram causes and an the date stated above. saw the deceased attve on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Beneventun Emures 24. FUNERAL DIRECTOR 2So\ REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE hagerstown VR A15 (4) 20 M 1/66 Andrew K. -uneral Hon.e

